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COUNTY BOROUGH OF PRESTON.

REPORT

OF THE

Medical Officer of Health

ON THE HEALTH OF THE BOROUGH
FOR THE YEAR

1925.

PRESTON:
R. Seed & Sons, Printers, 43 Guildhall Street.
1926.

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HEALTH COMMITTEE, 1925-26.

Chairman : MR. COUNCILLOR RICHARD DURHAM.

Vice-Chairman : MR. COUNCILLOR T. H. C. DERHAM, M.B., C.M.

HIS WORSHIP THE MAYOR.	Mr. Councillor E. C. C. FIRTH, J.P.
Mr. Alderman HENRY CARTMELL.	Mr. Councillor J. HERBERT.
Mr. Alderman H. FAZACKERLEY.	Mrs. Councillor A. M. PIMBLETT.
Mr. Councillor T. C. RAINFORD.	Mrs. Councillor M. ASTLEY-BELL, J.P.

Mr. Councillor F. W. COLLINSON, F.R.C.S.

MATERNITY AND CHILD WELFARE COMMITTEE.

Chairman : MRS. COUNCILLOR A. M. PIMBLETT.

The Health Committee and Councillors SNELHAM, SERGEANT and HEAPS with the following Ladies adopted as Members :—

Mrs. BARWICK.	Mrs. TODD, J.P.
Mrs. DUNBAR, J.P.	Mrs. JAMIESON.
Mrs. MARSDEN, J.P.	Mrs. STANGER.

TUBERCULOSIS SUB-COMMITTEE.

Six Members of the Health Committee, with the following Members of the Insurance Committee adopted as Members :—

MR. J. CORBISHLEY.   MR. W. PEMBERTON.

Report of the Medical Officer of Health.

To the Chairman and Members of the Health Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN.

I have the honour to submit to you the Annual Report upon the Sanitary Condition of the Borough for the year 1925.

The vital statistics which give a measure of the Public Health standard of the community are not so good as those of 1924. The Birth-rate and Death-rate are more unfavourable than in any year since 1919. The infantile mortality rate is higher than it has been since 1915.

The rise in the infant mortality rate is commented upon in the body of the Report. We should, I think, consider this particular statistical feature rather as an indication of the public health as a whole than as an isolated phenomenon. The infantile mortality, affecting, as it does, that part of the population least able to resist adverse influences, is a sensitive reflex as to the health of the people in general.

The conditions of life as they are affected by housing, general sanitation, education, and parental care remain fairly constant, with a tendency to improve. The organisation of means whereby a knowledge of child welfare is spread among parents is constantly improving, and the Council has made, and is making, great efforts to provide all the various adjuncts, such as medical treatment and advice, nursing, supplementary food, midwives and home helps, whereby child life can be safeguarded. We must seek, then, for an explanation of the high mortality in conditions which are of general application. We experienced a very severe winter, including a long period of frost. Rain, fog and snow were prevalent and our position on the western seaboard intensified these wet and cold conditions. Associated with this there was a continual pollution of the atmosphere by smoke, especially by industrial plants. I have frequently drawn the attention of the Committee to this evil. The effect of this combination is seen in the excessive number of infant deaths from pulmonary diseases. Further, we have had over three years of severe depression in the textile and engineering trades with much unemployment and under employment. This has directly influenced the quality and quantity of food available for expectant and nursing mothers, and thereby their ability to bear and to rear infants, and also has affected the vital power of the infants themselves. There is also much to be said for the contention that the housing difficulty is responsible for the bad position in which we stand. Certainly it is felt by the young married people. Many instances are known to me of young couples married for two, three or four years, with a small family, who have never lived in a house of their own. That the lack of privacy and of reasonable domestic facilities is responsible for ill-health and therefore adverse to child welfare seems reasonable.

The same significance may be attached to the slight increase in deaths from tuberculosis. For many years prior to the Great War there had been experienced a steady fall in the death rate for this disease. This fall was arrested by a rise during the war years and was resumed during the post-war trade boom. The four lean years have been accompanied by the rise referred to.

There is a large body of opinion in favour of the thesis that the decline in the mortality from tuberculosis is dependant more upon a generous supply of food than upon any other factor. I think we must anticipate for a few years, or at least until the trade depression lifts, a continued slight rise in the incidence and mortality from tuberculosis.

The heavy loss of life of women at child birth deserves careful attention. The tendency is in an upward direction. Over 100 women have died in child birth in the last ten years.

Supervision of the principal items of food has received careful attention. The intensive work done by Major Finch in connection with milk infected with tuberculosis is of great interest. It is practically certain that tuberculous diseases such as spinal caries, hip disease and tuberculous glands are due to infection by the Bovine type of bacillus which reaches the system by means of tuberculous milk. Any concerted measures directed towards the elimination of this potent source of disease should have their reward in diminished suffering to individuals and in financial gain to the community.

Inspection of meat has reached a high standard. The erection of an additional pig slaughter house and cooling room at the Abattoir has rendered the work of the butchers and the Meat Inspector more efficient. The new arrangements for dealing with carcases condemned as unfit for food are satisfactory.

Under the old arrangements the burning of carcases and offal was a tedious and wasteful procedure. The conversion of this material into manure and animal feeding stuffs is of national value.

The Isolation Hospital had a very active year and dealt with more patients than in any period of its history. Proposals for increasing the scope of its activities have been placed before you.

The remarkable effort made in supplying the shortage of houses is specially worthy of comment.

In conclusion, I should like to offer my thanks to the Chairman and Members of your Committee for their kindness and co-ordination and to my colleagues for their loyal and energetic efforts.

I am,
Your obedient Servant,
F. A. SHARPE,
Medical Officer of Health.

July, 1926.

I.—Natural and Social Conditions of the District.

VITAL STATISTICS SUMMARY.

Area in Acres 3,964

Population, estimated middle of 1925... ... 122,900

	1922-23.	1923-24.	1924-25.	1925-26.
Rateable Value ...	£591,770	£598,748	£605,474	£613,007
Sum represented by a penny rate... ...	£2,100	£2,150	£2,276	£2,320
	s. d.	s. d.	s. d.	s. d.
Total Rates Levied ...	13 9	12 6	11 10	12 1
Rate for Public Health.	0 8¾	0 8¾	0 8⅝	0 9¾
,, Highways ...	1 2½	1 4½	1 4¾	1 5½
,, Scavenging ...	0 6	0 5	0 5⅛	0 5½
,, House Refuse	0 10	0 9½	0 9	0 9⅛
,, Sewerage ...	0 6¾	0 6	0 5⅞	0 6½

	Males.	Females.	Birth Rate.
Births—Legitimate ...	1,054	1,034	16,99
Illegitimate ...	33	53	0.70

Deaths—Nett ... 1,787 Rate 14.54

Number of Marriages, 1,042 Marriage Rate, 8.5

Number of women dying in, or in consequence of, child birth—
From Sepsis—6. From other causes—7.

Deaths of infants under one year of age per 1,000 births—
Legitimate—131. Illegitimate—151. Total—131.

Deaths from Measles at all ages	18
,, Whooping Cough	39
,, Diarrhœa (under two years)	24

POPULATION.

The following information is supplied by the Registrar-General :—

County Borough of Preston.
Estimated Population : 122,900.
Standardizing factor for Death rate : 1.014.

The procedure followed in adjusting the local Census populations of 1921 *in order to arrive at estimates of resident populations for that year which could suitably be used in connection with statistics of births and deaths classified according to area of residence is described in the Registrar-General's Statistical Review* (*text*) *for* 1921.

The estimates of Population as at 30th June, 1925, *which are now provided have been based on the adjusted* 1921 *figures, after allowance for the varying rate of natural increase as evidenced by the births and deaths in each area and of migration as indicated from other sources of information such as the changes in the numbers on the Electoral Register and the migration returns obtained by the Board of Trade and are supplied only for use in Vital Statistics.*

The Vital Statistics of the various wards are set out in the table below. As will be seen, they vary very much from one another, and a reference to previous reports shews that they vary from year to year.

TABLE Ia.

Ward	Census 1921	Estimated Population, June, 1925	Nett Deaths	Rate per 1000 living	Births	Rate per 1000 living	Deaths of Infants	Infant Mortality per 1000 born
St. John's ...	11647	12088	189	15.63	224	18.53	32	143
Avenham	7155	7378	115	15.56	113	15 32	13	115
Christ Church	8474	8792	148	16.83	170	19.34	32	188
Ashton ...	9030	9266	120	12.95	144	15 54	13	90
Maudland ...	9641	9998	154	15.40	167	16.70	23	138
St. Peter's ...	11319	11917	158	13.26	234	19.64	26	111
Moorbrook ...	8736	9089	119	13.09	135	14.85	9	67
Park	14470	15032	222	14.77	254	16 90	35	137
Trinity	9684	10039	184	18.33	212	21.12	44	207
Deepdale ...	10743	11699	141	12.05	204	17.44	20	98
Ribbleton ...	9065	9877	134	13.57	185	18.73	23	124
Fishwick ...	7442	7725	101	13.07	132	17.09	16	121
Unknown ...	...	...	2	...	...	...	...	...
	117406	122,900	1787	14.54	2174	17.69	286	131

In the Borough as a whole there has been a fall in the Birth Rate equivalent to 7 per cent. The Death Rate has increased by 5 per cent., and the Marriage Rate has increased by 1 per cent.

Compared with 1924 there has been an increase in the number of deaths from Scarlet Fever (2—9), Whooping Cough (4—39), Diphtheria (6—18), Other Tubercular Diseases (33—47), Cerebral Hæmorrhage (90—118), Diarrhœa and Enteritis (22—28), Appendicitis and Typhiltis (6—14), Congenital Debility, Malformation and Premature Birth (100—106), Ill-defined Diseases (25—29), Diabetes (21—27), Other Defined Diseases (273—322), and a decrease in those caused by Measles (21—18), Influenza (85—59), Tuberculosis of Respiratory System (105—97), Cancer (158—149), Organic Heart (198—173), Arterio Sclerosis (77—71), Bronchitis (155—143), Cirrhosis of Liver (7—4), Acute and Chronic Nephritis (39—34), Deaths from Violence (55—46).

There were 10 deaths from Suicide, compared with six last year and 16 in 1923. In the five years 1914-18 the average was 8.8 and in the succeeding five years 12.6.

There were 1,859 interments at the Cemetery.

The tables which follow deal with the Vital Statistics, and compare them with previous years and with other towns. They also illustrate the mortality in the various Wards. The figures supplied by the Registrar-General agree in the totals with those locally compiled, but differ slightly in detail.

TABLE 1B.

Year.	No. of Births.	Rate per 1000 Living.	No. of Infant Deaths.	Infant Mortality.	No. of Deaths.	Rate per 1000 Living.
1906	3317	28.49	665	200	2065	17.74
1907	3124	26.68	495	158	2003	17.10
1908	3309	27.56	516	156	1975	16.45
1909	3027	25.54	416	137	1721	14.52
1910	2812	23.58	438	156	1758	14.74
Average	3118	26.37	506	161	1904	16.11
1911	2726	23.25	473	173	1984	16.92
1912	2753	23.40	342	124	1972	16.76
1913	2888	23.95	462	160	2043	16.98
1914	2841	23.97	401	141	1873	15.80
1915	2546	21.48	395	155	2086	18.63
Average	2751	23.21	415	151	1992	17.02
1916	2315	19.36	254	109	1774	16.14
1917	2019	16.96	255	124	1660	15.46
1918	1906	16.07	213	113	1944	18.36
1919	2086	17.45	225	110	1760	14.72
1920	2984	24.43	301	101	1659	13.60
Average	2262	18.85	250	112	1759	15.66
1921	2811	23.44	316	112	1595	13.30
1922	2482	20.53	242	97	1662	13.75
1923	2426	19.11	238	98	1676	13.77
1924	2328	18.91	225	97	1714	13.92
1925	2174	17.69	286	131	1787	14.54
Average	2444	19.94	261	107	1687	13.86

TABLE IC.

Vital Statistics of whole District during 1925 and previous nine years.

YEAR.	Total Population.	BIRTHS. Nett.		CIVILIAN POPULATION.	TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.			
									Und'r 1 yr. of age		At all Ages.	
		Number.	Rate.		Number.	Rate.	of Non-resid'ts registered in the district	of Residents not regist'd in the district	Number.	Rate per 1,000 Nett Births.	Number	Rate.
1916	119,611	2315	19.36	109935	1581	14.39	46	239	254	109	1774	16.14
1917	118,993	2019	16.96	106747	1461	13.69	57	241	255	124	1660	15.46
1918	118,595	1906	16.07	105845	1778	16.79	66	232	213	113	1944	18.36
1919	122,168	2086	17.45	117277	1619	13.55	66	207	225	110	1760	14.72
1920	122,133	2984	24.43	121950	1539	12.57	83	203	301	101	1659	13.60
1921	119,900	2811	23.44		1449	12.08	61	207	316	112	1595	13.30
1922	120,900	2482	20.53		1528	12.64	74	208	242	97	1662	13.75
1923	121,700	2426	19.11		1527	12.54	78	227	238	98	1676	13.77
1924	123,100	2328	18.91		1573	12.78	88	229	225	97	1714	13.92
1925	122,900	2174	17.69		1644	13.38	84	227	286	131	1787	14.54

Area of District in acres (Land and Inland Water)............ 3,964

Total population at all ages	117,406	At Census of 1921.
Number of inhabited houses	27,189	
Average number of persons per house..	4.31	

TABLE Id.

Causes of Death at Different Periods of Life during the Year 1925.

Supplied by the Registrar-General.

CAUSES OF DEATH.	Sex	All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—
ALL CAUSES	M	885	157	38	46	31	30	95	238	153	97
	F	905	129	28	30	28	34	91	223	186	156
1 Enteric Fever	M	...	...	..	...	...	...	...	...	...	...
	F	1	...	...	...	...	1	...	...	...	...
2 Small Pox	M	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...
3 Measles	M	13	2	6	5	...	...	...	...	...	...
	F	5	1	2	2	...	...	...	...	...	...
4 Scarlet Fever	M	7	...	1	3	3		...	...	...	...
	F	2	...	...	2	...	...	...	...	...	...
5 Whooping Cough	M	19	9	4	6	...	...	...	...	...	...
	F	20	8	6	6	...	...	...	...	...	...
6 Diphtheria	M	10	...	...	6	4	...	...	...	...	...
	F	8	...	...	4	4	...	...	...	...	...
7 Influenza	M	33	...	1	1	...	...	7	12	9	3
	F	27	1	...	2	1	2	5	6	4	6
8 Encephalitis Lethargica	M	1	...	...	...	...	...	...	1	...	...
	F	...	...	...	...	...	...	...	...	...	...
9 Meningococcal meningitis	M	...	...	...	...	...	...	...	...	...	...
	F	1	1	...	...	...	...	...	...	...	...
10 Tuberculosis of respiratory system	M	47	...	...	...	1	4	26	13	3	...
	F	50	...	1	...	2	18	19	7	3	...
11 Other tuberculous diseases	M	22	4	3	7	2	4	1	1	...	...
	F	27	4	6	4	7	1	3	1	1	...
12 Cancer, malignant disease	M	61	...	...	...	...	1	6	36	16	2
	F	88	...	...	...	...	..	7	41	29	11
13 Rheumatic Fever	M	1	..	...	...	1	...	...	...	...	...
	F	4	...	...	...	2	1	1	...	...	...
14 Diabetes	M	9	...	...	...	...	1	2	5	...	1
	F	18	...	...	...	...	...	2	9	6	1
15 Cerebral Hæmorrhage, &c.	M	59	...	...	...	1	...	2	24	19	13
	F	67	...	...	...	...	...	1	25	28	13
16 Heart Disease	M	68	...	...	1	3	2	5	28	20	9
	F	106	...	...	...	...	1	11	43	30	21
17 Arterio-sclerosis	M	47	...	...	...	...	...	...	20	16	11
	F	28	...	...	...	...	...	...	7	15	6
18 Bronchitis	M	73	12	3	2	1	...	1	17	22	15
	F	69	11	2	1	...	...	..	9	22	24
19 Pneumonia (all forms)	M	97	26	11	8	4	2	15	23	4	4
	F	76	21	8	3	4	1	5	12	14	8
20 Other respiratory diseases	M	13	2	1	1	1	1	1	2	3	1
	F	10	...	...	1	...	...	3	3	...	3
21 Ulcer of Stomach or Duodenum	M	7	...	...	...	...	1	2	1	2	1
	F	3	...	...	...	..	1	...	1	...	1
22 Diarrhœa, &c.	M	17	14	2	...	1	...	...	...	...	...
	F	12	7	1	1	...	...	1	...	...	2
23 Appendicitis and Typhlitis	M	4	...	...	...	...	1	1	2	...	...
	F	10	...	...	...	3	2	2	2	...	1
24 Cirrhosis of Liver	M	3	...	...	...	...	...	...	2	1	...
	F	1	...	...	...	...	...	...	1	...	...
25 Acute and Chronic Nephritis	M	14	...	...	...	...	...	3	8	3	...
	F	19	...	...	...	1	...	1	12	5	...
26 Puerperal Sepsis	M	...	...	...	...	...	...	...	...	...	...
	F	6	...	...	...	...	...	6	...	...	...
27 Other accidents and diseases of pregnancy and parturition	M	...	...	...	...	...	...	...	...	...	...
	F	7	...	...	...	...	...	7	...	...	...
28 Congenital Debility and Malformation, Premature Birth	M	58	57	...	1	...	...	...	...	. .	...
	F	49	48	...	1	...	...	...	...	...	...
29 Suicide	M	6	...	...	...	...	...	...	4	1	1
	F	5	...	...	...	...	2	2	1	...	...
30 Other deaths from violence	M	37	1	1	1	5	7	10	5	5	2
	F	9	2	...	...	...	...	...	3	2	2
31 Other defined diseases	M	148	30	5	4	4	6	12	28	25	34
	F	166	25	2	3	3	4	14	35	23	57
32 Causes ill-defined or unknown	M	11	...	...	...	...	...	1	6	4	...
	F	11	...	...	...	1	...	1	5	4	...

TABLE IE.

Number and Causes of Death in each Ward for the Year.

CAUSE OF DEATH	St. John's Ward.	Avenham Ward.	Christ Church Ward.	Ashton Ward.	Maudland Ward.	St. Peter's Ward.	Moor Brook Ward.	Park Ward.	Trinity Ward.	Deepdale Ward.	Ribbleton Ward.	Fishwick Ward.	Unknown	TOTALS.
Enteric Fever ...	...	...	...	..	...	1	...	...	...	...	...	...	...	1
Small Pox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	6	...	4	1	...	1	...	1	3	...	1	1	...	18
Scarlet Fever ...	2	1	...	...	1	1	...	1	1	1	1	...	...	9
Whooping Cough ...	6	...	2	...	3	5	3	4	7	5	4	...	...	39
Diphtheria, Croup ...	2	1	2	1	3	2	...	...	2	2	2	1	...	18
Influenza ...	5	5	2	2	8	4	7	4	4	4	10	4	...	59
Encephalitis Lethargica ...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Meningococcal Meningitis ...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Tuberculosis of Resp. System ...	14	2	7	5	13	8	9	14	8	9	7	1	...	97
Other Tuberculous Diseases .	5	1	4	2	9	2	3	5	8	3	1	4	...	47
Cancer, Malig. Disease ...	16	6	12	12	10	14	10	19	13	10	14	13	...	149
Rheumatic Fever ...	1	...	...	1	...	2	...	1	...	...	...	...	...	5
Diabetes ...	2		2	4	2	1	4	1	3	2	2	2	...	27
Cerebral Hæmorrhage ...	9	9	6	11	10	13	12	16	9	5	12	6	...	118
Organic Heart Disease ...	15	12	14	12	14	18	13	25	16	14	9	11	...	173
Arterio Sclerosis ...	5	6	7	2	4	5	1	12	5	8	9	7	...	71
Bronchitis ...	16	11	15	7	10	8	5	24	23	9	5	10	...	143
Pneumonia, all forms ...	24	12	12	12	13	16	13	20	21	15	11	6	...	175
Other diseases of respiratory organs ...	5	4	1	...	...	...	...	5	2	1	1	...	1	20
Ulcer of Stomach or Duodenum	2	3	...	...	1	1	1	1	1	...	...	...	...	10
Diarrhoea & Enteritis ...	2	1	6	1	...	2	...	3	7	2	2	2	...	28
Appendicitis and Typhlitis ...	...	1	3	...	...	3	2	...	1	3	1	...	...	14
Cirrhosis of Liver ...	1	...	...	...	...	...	...	2	...	...	1	...	...	4
Acute and Chronic Nephritis ...	2	1	3	2	4	3	6	3	3	2	4	1	...	34
Puerperal Sepsis ...	...	...	1	2	...	1	1	...	1	...	...	...	...	6
Other accidents and diseases of pregnancy & parturition.	...	...	...	...	1	1	...	1	1	1	1	1	...	7
Congen. Debility & Malformation. Premature Birth ...	8	10	10	7	11	11	3	16	9	6	7	8	...	106
Suicide ...	...	...	...	2	...	3	...	1	1	1	2	...	...	10
Other Deaths from Violence ...	3	4	4	3	10	...	3	5	5	4	4	1	...	46
Other defined diseases ...	36	20	29	29	23	31	23	36	26	31	21	16	1	322
Diseases ill-defined or unknown ...	2	2	2	2	3	1	...	2	4	3	2	6	...	29
Totals	189	115	148	120	154	158	119	222	184	141	134	101	2	1787

TABLE If.

Birth Rate, Death Rate, and Analysis of Mortality during the Year 1925.

(Provisional figures. The rates for England and Wales have been calculated on a population estimated to the middle of 1925, while those for the towns have been calculated on populations estimated to the middle of 1924. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns.)

This Table, with the exception of the line relating to the Borough, has been supplied by the Registrar-General:—

—	Birth-rate per 1000 Total Population	Annual Death Rate per 1,000 Population									Rate per 1,000 Births		Percentage of Total Deaths		
		All Causes	Enteric Fever	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Violence	Diarrhoea and Enteritis (under 2 years)	Total Deaths under One Year	Certified Causes of Death	Inquest Cases	Uncertified Causes of Death
England and Wales... ...	18·3	12·2	0·01	0·00	0·13	0·03	0·15	0·07	0·32	0·47	8·4	75	92·1	6·9	1·0
105 County Boroughs & Great Towns, including London.	18·8	12·2	0·01	0·00	0·17	0·03	0·18	0·07	0·30	0·43	10·8	79	92·1	7·3	0·6
157 Smaller Towns (1921 Adjusted Popul'ns. 20,000-50,000)	18·3	11·2	0·01	0·00	0·15	0·02	0·14	0·06	0·31	0·38	7·6	74	93·0	5·9	1·1
London	18·0	11·7	0·01	0·00	0·08	0·02	0·19	0·11	0·23	0·46	10·6	67	91·1	8·9	0·0
County Borough of Preston...	**17·69**	**14·54**	**0·01**	**0·00**	**0·15**	**0·07**	**0·32**	**0·15**	**0·48**	**0·37**	**11·04**	**131**	**92·0**	**4·5**	**3·5**

TABLE Ig.

Abstract from the Registrar-General's Report.

Population, Births, Deaths, and Infant Mortality for the 52 weeks ended January 2nd, 1926.

NAME OF TOWN.	Adjusted population Mid., 1924	Birth Rate.	Re-corded Death Rate.	Meas-les.	Scarlet Fever.	Wh'p-ing Cough.	Diph-theria.	Influ-enza.	Diarrhœa & Enteritis under 2 years	Deaths under 1 year to 1,000 Births.
Stockport	126,000	16.4	13.5	0.03	0.04	0.32	0.02	0.34	9.2	91
Chester	41,730	20.8	10.5	...	0.02	0.26	0.02	0.14	5.7	64
Birkenhead	154,100	20.7	11.5	0.21	0.02	0.15	0.11	0.21	16.6	90
Wallasey	90,790	14.1	10.8	0.06	0.01	0.11	0.06	0.36	5.5	59
Liverpool	851,800	22.9	13.7	0.46	0.11	0.27	0.12	0.21	21.0	98
Bootle	83,130	24.8	11.7	0.26	0.08	0.18	0.04	0.10	14.0	83
St. Helens	108,700	23.6	11.7	0.16	0.06	0.30	0.06	0.34	11.7	101
Southport	73,650	13.4	12.4	0.04	0.01	0.10	0.03	0.42	4.0	59
Wigan	91,180	20.5	13.9	0.08	0.02	0.22	0.05	0.36	16.6	119
Warrington	78,120	22.2	13.1	0.49	0.06	0.24	0.06	0.54	7.5	85
Bolton	181,100	16.1	13.3	0.10	0.02	0.17	0.02	0.55	14.0	86
Bury	56,830	14.0	14.0	0.12	0.04	0.21	0.12	0.53	6.3	76
Manchester	755,000	19.4	14.1	0.17	0.08	0.28	0.13	0.34	13.0	92
Salford	243,700	18.6	13 3	0.12	0.02	0.29	0.10	0.35	23.0	103
Oldham	147,300	15.3	14.6	0.29	0.04	0.04	0.10	0.48	16.8	100
Rochdale	92,750	12.8	15.1	0.04	0.08	0.12	0.06	0.72	6.7	107
Burnley	103,400	16.1	14 0	0.46	...	0.14	0.15	0.41	4.8	108
Blackburn	127,600	15 3	13.6	0.24	0.02	0.13	0.08	0.33	5.7	92
Preston	**123,100**	**18.1**	**14.2**	**0.13**	**0.07**	**0.32**	**0.15**	**0.41**	**9.9**	**129**
Blackpool	77,410	14.8	14.2	0.05	0.05	0.03	0.06	0.39	6.1	88
Barrow-in-Furness.	73,490	17.4	10.4	0.29	0.05	...	0.05	0.19	6.3	64

THE PRESTON ROYAL INFIRMARY.

A general description of the Royal Infirmary has appeared in previous Annual Reports. The following information is abstracted from the Annual Report of the Preston and County of Lancaster Queen Victoria Royal Infirmary for the year 1925 :—

The number of In-patients treated during the year was 3,866, as against 3,416 in the previous year. The daily average number of beds occupied was 227, compared with 202; the total days maintenance being 80,636, as against 73,677. 545 of the patients were transferred to the Lostock Hall Convalescent Hospital, where the average daily occupation of beds was 35 and the average stay of the patient 23¼ days.

Last year's record in the Out-patient Department has been exceeded—15,372 patients were treated (an increase of 2,402), including 5,747 Accident and Casualty cases, 2,932 Eye, Ear, Nose and Throat, 1,959 Surgical, 401 Medical, 1,493 X-Ray, 951 Venereal Disease, 699 Electro-Massage, and 117 visited at home. The aggregate attendances numbered 105,010, and the prescriptions dispensed 45,000.

Expenditure.—The total expenditure of the Infirmary was £37,707 11s. 5d. of which £25,452 7s. 0d. represented Ordinary Maintenance, and £12,255 4s. 6d. Extensions, Improvements and Special Equipment.

The average costs per patient were as follows :—

	1922.			1923.			1924.			1925.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Annual cost per In-Patient at Infirmary	107	18	0	102	19	0	101	18	10	103	4	10
Weekly cost per In-Patient at Infirmary	2	1	6	1	19	6	1	19	2½	1	19	8½
Cost of each In-Patient at Infirmary	6	2	10	5	7	0	5	2	4	5	0	0
Cost of each Out-Patient at Infirmary	0	6	3½	0	5	10	0	5	0	0	4	7
Annual cost of each In-Patient at Convalescent Hospital	——			70	4	0	71	2	5	73	16	7
Weekly do.	1	14	9	1	7	0	1	7	4¼	1	8	4½
Cost of each In-Patient at Convalescent Hospital	8	8	0	5	18	0	4	1	8	4	14	4

POOR LAW RELIEF.

Mr. Thomas H. Bentham, Clerk to the Guardians, has kindly supplied the following information.

Number of persons received from the Borough of Preston into the Fulwood Workhouse Hospital :—

	Men.	Women.	Children.	Total.
1920	229	213	66	508
1921	205	294	109	608
1922	237	256	89	582
1923	283	279	104	666
1924	329	224	76	629
1925	442	347	84	873

The total amount of Out-door Relief paid in respect of the Borough was as follows :—

	£	s.	d.
1920	3055	18	0
1921	12133	16	0
1922	11692	1	7
1923	4384	12	11
1924	7253	17	1
1925	9105	8	7

NATIONAL INSURANCE.

Mr. Irvine R. Dearnley, Clerk to the Preston Insurance Committee, has been good enough to furnish the following information :—

" Insured Population.

The average number of insured persons in the Borough during the year ended 31st December, 1925, was 58,345. Of this number, 57,809 were members of Approved Societies.

The number of persons on the Doctors' lists was 51,823.

Medical Benefit.

The total number of prescriptions dispensed by Chemists during the year was 270,312, against 269,611 in 1924, an increase of 701. This represents an average of 5.2 prescriptions for each insured person on the Doctors' lists. There are no figures available to the Insurance Committee of the prescriptions dispensed by the Preston Friendly Societies' Medical Association, but if their insured members received prescriptions in the same ratio another 10,400 prescriptions would need to be added to the above figures.

The comparative figures of eight other Lancashire County Boroughs all show increases in the number of prescriptions issued. The frequency rate is the highest of eight similar Lancashire County Boroughs; the general average frequency of these eight County Boroughs being 4.4.

Put more simply, these figures disclose the striking fact that Preston insured persons take 13 bottles of medicine as compared with 11 bottles only required by the insured persons in eight other Lancashire towns of similar character.

The total Drug Bill in respect of the prescriptions dispensed by Chemists was £9,843 5s. 4d., an average cost per insured person on the Doctors' lists of 3s. 9½d., against 3s. 11¾d. for 1924. The general average cost per insured person in these same County Boroughs is 3s. 2d. for 1925, against 3s. 1d. for 1924.

Medical List.

Including Assistants, and the Resident Doctor of the Medical Association, there were 51 Doctors on the Insurance Committee's List on the 31st December, 1925, an increase of two. There were also at the same date 29 Chemists' establishments within the Borough for the dispensing of medicines. Each establishment is required to have at least one fully qualified registered pharmacist connected with it.

Testing of Medicines.

Towards the close of the year the Minister of Health established a special scheme for the testing of insurance medicines. A regular test is now made throughout the year, a specially qualified analyst having been appointed by the Minister of Health to examine the samples. The quality of the appliances will also be tested regularly by the Testing House of the Manchester Chamber of Commerce. This Scheme is set up under the Medical Benefit Regulations and does not supersede in any way the powers of the Medical Officer of Health to take samples under the Food and Drugs Act.

NURSING SERVICE.

The Insurance Committee note with considerable pleasure the realisation of the hope expressed in last year's report that 1925 would be marked by the successful inauguration of a Nursing Service."

UNEMPLOYMENT.

Mr. A. Jepson, the Manager of the Employment Exchange, has been good enough to supply the following information regarding the figures relating to unemployment in Preston from April, 1925, to March, 1926:—

1925.	Men.	Women.	Boys.*	Girls.*
April	2,696	909	132	71
May	2,769	1,072	219	422
June	3,847	4,408	72	77
July	2,210	1,538	98	171
August	2,581	2,395	116	60
September	2,898	1,478	116	159
October	2,909	2,303	201	260
November	2,192	856	67	28
December	2,479	710	77	64
1926.				
January	2,874	1,121	63	36
February	3,065	4,563	138	283
March	2,462	1,299	62	128

*Figures supplied by the Director of Education.

In the period thus reviewed we paid out in unemployment benefit approximately £150,000. The figures rendered indicate the numbers on our Live Register at the end of each statistical month. A comparison of these figures with those appearing for the pervious year will not show a very great variation in the grand totals for the year.

The outlook industrially for the immediate future is, I am sorry to say, not very re-assuring. In the Cotton industry additional to the fact that a number of our mills have resorted to short-time working there has been a fair measure of under-employment at many of our firms, and at Easter we had no less than 14 mills on extended holidays due to trade depression. In the Engineering trade we have a large number of both skilled and unskilled men unemployed, and from enquiries made there is a great shortage of orders. Most of the firms are doing their utmost to run full time, but in several instances it is with depleted staffs. The Electrical section of the Engineering trade has been and remains fairly busy. The Motor industry has fortunately been able to secure orders which have enabled it to run full time throughout the year, and some 2,200 people have been engaged in this calling. The Building trade has throughout the year been fully engaged, and although there appears to be at present some little easement there is nothing to give the impression that any skilled men in the Building trade will be unemployed for some time, except it be such workers as Painters, etc., whose calling to some extent is seasonal.

The miscellaneous trades under which head I include the manufacture of slippers, soap, hosiery, hats and caps, chocolate, the lamp works, and printing, have by comparison with other years and with other trades been fairly well employed. Certainly their record is better than that of a year ago.

NURSING.

During the year, a concerted effort was made to organise a Nursing Service available for all classes of society.

Enquiries made and embodied in reports submitted to the Council, showed that the nursing available consisted of Nursing Sisterhoods devoted to the sick poor in the Roman Catholic Parishes, a Poor Law Nurse for the destitute sick on out-relief, and a Parish Nurse maintained by the Parish Church Nursing Association.

At a Public Meeting held under the chairmanship of the Mayor, a resolution was passed urging the formation of a Nursing Association, and the following letter was widely circulated :—

Mayor's Parlour,
Town Hall, Preston.
29th October, 1925.

PRESTON AND DISTRICT NURSING ASSOCIATION.
AN APPEAL FOR FUNDS.

Dear Sir or Madam,

The necessity for the provision of Home Nursing for all classes of the citizens of Preston and District has been felt for a long time. Successive reports made to the Corporation of Preston by their Medical Officer and to the National Health Insurance Committee by their Secretary have made it clear that many valuable lives have been lost which could and ought to have been saved and much suffering due to illnesses of all kinds endured which could have been alleviated.

Employers have experienced the loss caused by absence from work of skilled employees, and Doctors have emphasized the difficulty of obtaining successful and rapid recovery of patients without adequate skilled nursing to carry out their directions.

The question has been thoroughly explored by a large body of representative men and women, all impelled into the movement by a sense of the urgent need.

A Provisional Committee has been formed, of which I, as Mayor of Preston, have accepted the Presidency. The constitution provides amongst other things that the Nurses engaged must be Queen Victoria Jubilee Institute trained Nurses, which qualification is the " Hallmark " of the Nursing Profession.

The Association is unsectarian and undenominational, and the Nurses will be available to all classes requiring their services.

In view of the promise of support given by certain large bodies vitally interested in the matter, such as the Corporation, the Board of Guardians, the Churches, the Insurance Committee, and by townspeople, the Committee have felt justified in completing their organisation and in appointing Officers and District Committees. They have also definitely engaged staff and obtained premises.

Whilst a certain income will flow to the Association when fully working, the *immediate* requirements, such as the decorating and furnishing of the Home for the Nurses and for the payment of their salaries, are very urgent and must be met. An appeal for funds at the present juncture and on as wide a basis as possible is therefore imperative to ensure a successful start of the scheme.

The Association must depend upon the goodwill and monetary support of the people as a whole, and sums however small will be thankfully received and acknowledged in the Press. The immediate requirements are estimated at £1,000.

Contributions may be sent to the Honorary Treasurer, Mr. George Fisher Toulmin, of 127 Fishergate, Preston.

The cause is an excellent one, the need is very urgent, and I confidently hope that your personal response to this Appeal will be a generous one.

JOHN ROLAND HODGSON,
Mayor.
PRESIDENT,
PRESTON & DISTRICT NURSING ASSOCIATION.

The response enabled the Association to obtain premises and appoint a Matron (Miss Hawson, late Assistant Matron to the Rochdale Queen Victoria Jubilee Institute for Nurses) together with two Nurses and Domestic staff. The Parish Church Association became merged into the new body, bringing with it a band of enthusiastic and experienced workers.

The Association is affiliated to the Queen Victoria Jubilee Institute for Nurses. The work is going at such a rate that an additional Nurse has been engaged.

It may be said that the Association has the warm support of the Health Committee, the National Health Insurance Committee, the Churches, the Approved Societies, and Medical Practitioners.

It supplies a great need and is worthy of the sympathy and financial support of all classes.

II.—Sanitary Circumstances of the District.

WATER SUPPLY.

The water supply was described in the report for 1920. The work authorised under the Preston Corporation Act of 1921 is now in hand. The new intakes in the Langden Valley and in the Hareden Valley are completed.

The construction of the new reservoir at Longridge is progressing satisfactorily.

The following report was made by the Borough Analyst upon a sample of the town's water submitted on March 18th, 1926 :—

	Parts per 100,000.
Total solid matter in solution	7.60
Oxygen required to oxidize in 15″	0.037
Oxygen required to oxidize in 3 hours	0.083
Ammonia	0.001
Ammonia from Organic Matter by distillation with alkaline permanganate	0.005
Nitrogen as Nitrates	Trace
Nitrogen as Nitrites	Nil
Combined Chlorine	1.00
Total Hardness	2.90

The water was clear, faintly yellow and odourless. It contained a very minute trace of suspended matter which consisted of hydrated oxide of iron and vegetable debris, with various infusoria, rotifers, diatoms, and fresh water sponge. Reaction to Litmus—alkaline. The water is a good, soft upland surface water, well suited for drinking and domestic purposes.

(Signed) W. H. ROBERTS, M.Sc., F.I.C.,
Borough Analyst.

CLOSET ACCOMMODATION.

There are approximately 28,400 fresh water closets, 488 waste water closets, 14 trough closets (exclusive of those in use at Schools) and 27 privy middens, all of which latter are situated on farms and cottages in the rural parts of Ashton, Deepdale, Ribbleton and Fishwick Wards, and are not within reach of a sewer.

The Sanitary Conveniences in use at Factories and Workshops and Schools are not included in the above.

SCAVENGING.

The system in force was described in the report for 1920. The work has been carried out satisfactorily. During the year a decided advance has been made in the erection of a salvage plant. The crude refuse is tipped into a bunker and carried by means of a chain bucket to a mechanically operated revolving screen. The apertures in the first part of this screen are 7/8″ diameter, and result in the removal of dust. This dust falls into a hopper, and is conveyed by means of a chain bucket to a loading hopper. The second part of the screen has 1 1/2″

diameter apertures, through which fall the cinders and unburnt pieces of coal. These are similarly conveyed to the second loading hopper. The remainder of the debris is carried by an endless belt to a bunker feeding the particular group of furnaces in use, on the way to which it is hand sorted, the tins, rags, and paper so removed being subjected to baling processes and made marketable.

In addition there has been provided machinery for dealing with condemned meat, slaughterhouse refuse and fish offal. This consists of a bone crusher, three steam jacketed digesters, a hydro fat extractor and a pulveriser. Great care has been taken to lead all fumes from the cookers to the chimney flue. This installation should prove of great value, in that it converts waste products which were difficult to destroy into a dry powder of high food value for animals.

WORK OF THE DISTRICT SANITARY INSPECTORS.

Dwelling Houses.

The number of inspections and re-inspections are tabulated for each district :—

TABLE IIa. **Inspections.**

	Sanitary Districts					
	No. 1	No. 2	No. 3	No. 4	No. 5	Total
Inspected on Complaint	762	700	864	814	1192	4332
Re Infectious Diseases	75	113	131	142	69	530
Housing and Town Planning Acts	33	57	66	43	...	199
Rent Restriction Act	2	...	...	...	...	2
Totals	872	870	1061	999	1261	5063

Re-Inspections.

	Sanitary Districts					
	No. 1	No. 2	No. 3	No. 4	No. 5	Total
Inspected on Complaint	2559	1189	1460	1494	2140	8842
Re Infectious Diseases	25	123	42	54	18	262
Housing and Town Planning Acts	22	95	...	83	16	216
Rent Restriction Act	9	...	...	1	...	10
Totals	2615	1407	1502	1632	2174	9330

These inspections and re-inspections involved the sending of 2,355 letters with regard to the common defects, i.e., yard flagging, cleansing and limewashing, and provision of dustbins. Also 106 Informal Notices were served in connection with the surveys under the Housing Regulations, 1910, and the Housing and Town Planning Act of 1919. There were also 166 Statutory Notices under the Public

Health Acts served by the authority of the Council. Legal action to enforce the requirements of the Council was taken in the following instances :—

Public Health Act, 1875.

One house. Sec. 94 (Nuisances).

Result : Order by the Court to do the work in eight weeks. Again before the Court. Fined 20s. and order to do the work. Work completed.

Two houses. Two statutory notices, Sec. 94 Public Health Act, 1875.

Two statutory notices, Sec. 46 Public Health Act, 1875. Result : Order to abate within six weeks.

Preston Corporation Act, 1914.

Four houses. Four statutory notices, Sec. 110. Ashpails required.

Result : Fine 10s. in each case.

One house, Sec. 110, case heard December 30th, 1925. Result : Fined 10s.

The results of the work are shewn in Table IIb., 4,087 houses in all have been dealt with. The improvements, repairs and alterations are multifarious and cover practically every possible kind of defect. The work done in connection with the Public Health Acts generally relating to one and only occasionally to more than one defect. That in connection with the Housing and Town Planning Act, relating as it did to the poorer class of property, dealt with a variety of defects in each individual house which were discovered during a thorough sanitary survey.

TABLE IIb.

Summary of Sanitary Improvements effected.

	Public Health Acts.						Housing and Town Planning Acts.					
	Sanitary Districts						Sanitary Districts					
	No. 1	No. 2	No. 3	No. 4	No. 5	Total	No. 1	No. 2	No. 3	No. 4	No. 5	Total
Houses dealt with :—	**1019**	**369**	**762**	**884**	**907**	**3941**	**6**	**48**	**46**	**38**	**8**	**146**
1 Lighting and Ventilation improved ...	12	2	36	12	31	93	4	1	11	25	3	44
2 Roofs reconstructed or repaired	46	26	103	51	135	361	..	8	17	7	3	35
3 Floors repaired or relaid	9	12	46	20	28	115	2	24	12	11	3	52
4 Fireplaces repaired or provided	12	..	12	17	27	68	2	12	4	13	1	32
5 Staircases repaired	1	..	10	..	9	20	..	..	2	4	1	7
6 Walls and chimneys pointed and repaired	12	5	128	32	112	289	1	4	21	17	5	48
7 Repairs and renewals to W.C. accommodation	210	55	44	201	319	829	1	4	5	12	3	25
8 Portable ashpails provided	277	23	156	55	161	672	..	5	9	7	..	21
9 New Sinks or other sanitary fittings...	22	2	40	16	24	104	2	6	..	1	1	10
10 Yard and lobby pavements repaired...	40	3	25	14	24	106	..	..	2	4	1	7
11 Drains tested, repaired or renewed ...	702	214	215	260	449	1840	..	..	..	..	..	...
12 Gutters and downspouts repaired or renewed	100	19	73	83	76	351	5	2	12	8	3	30
13 Provided with sufficient water supply..	8	..	39	42	9	98	..	..	3	1	..	4
14 Plasterwork and limewashing	47	40	129	59	91	336	5	1	28	28	8	70
15 General nuisances	14	20	40	103	243	420	..	6	..	5	3	14

Summary of Work done during the Year 1925.

DRAINS.

A large volume of work was done in connection with sanitary defects arising out of drains. The work done is included in the foregoing table. The inspections were as follows :—

Inspections.

	SANITARY DISTRICTS					
	No. 1	No. 2	No. 3	No. 4	No. 5	TOTAL
Street Gullies	3	1	...	2	14	20
Drains	277	884	1088	200	1042	3491

Re-Inspections.

	SANITARY DISTRICTS					
	No. 1	No. 2	No. 3	No. 4	No. 5	TOTAL
Street Gullies	3	...	...	...	5	8
Drains	803	2750	1501	306	1757	7117

FACTORIES AND WORKSHOPS.

The following tables deal with the premises registered, the number of inspections and the results of such inspections. Of the 181 defects originally found, 180 were remedied. There is very little out-working done in the Borough, the premises upon which it is carried out have been frequently inspected and found satisfactory.

TABLE IIc.

List of Factories and Workshops on Register during the Year 1925.

		District					
		No. 1	No. 2	No. 3	No. 4	No. 5	Total
Artificial Teeth Makers		14	5	7	7	8	41
Bakers and Confectioners (Retail)		63	42	34	25	35	199
Bakers (Public)		..	2	..	1	..	3
Basket Makers		3	2	2	..	2	9
Beer Bottlers		3	3	1	1	5	13
Biscuit Makers		..	1	2	..	..	3
Boot, Shoe, and Clog Makers, Leather Curriers		27	21	30	26	22	126
Brass Founders		..	1	1	1	3	6
Breweries		..	1	1	..	1	3
Brush Makers		1	..	..	..	2	3
Cabinet Makers, Wood Carvers, Upholsterers...		5	9	6	5	10	35
Coach Builders		4	2	..	5	1	12
Cotton Waste Cleaners and Dealers		..	3	..	2	..	5
Cotton Manufacturers		24	8	13	7	4	56
Coopers		1	1	2	1	..	5
Cycle Makers and Enamellers		1	6	6	4	6	23
Engravers		3	1	..	1	6	11
French Polishers		4	2	..	2	3	11
Ironfounders, Motor Engineers & Boiler Makers		6	10	5	13	9	43
Joiners, Builders, Wheelwrights, Wood Turners		13	19	6	7	11	56
Laundries		3	..	2	..	..	5
Marine Store Dealers		1	4	2	3	2	12
Milliners, Dressmakers Underclothing Manufacturers		34	49	43	39	37	202
Picture Framers, Mount Cutters, Gilders		2	1	1	1	3	8
Photographers		4	2	1	6	3	16
Plumbers, Painters		10	9	12	11	14	56
Printers, Bookbinders		..	3	..	8	16	27
Restaurant Keepers		3	25	31	4	4	67
Rope and Twine Makers		1	1	..	..	..	2
Saddlers		2	4	1	2	1	10
Smiths, Black and White, and Tinplate		7	12	5	6	10	40
Stone and Marble Masons		11	1	2	1	1	16
Sugar Boilers		4	1	..	1	2	8
Tailors		17	21	8	18	34	98
Watch Makers and Jewellers		10	9	3	6	7	35
Wire Workers		..	2	2	..	1	5
Offensive Trades	Fell Mongers	..	..	..	..	1	1
	Soap Boilers	..	..	..	1	2	3
	Fat and Tallow Melters	1	2	..	1	2	6
	Knacker Yards	1	..	..	..	..	1
	Gut Scrapers	..	1	..	..	..	1
	Tripe Boilers	1	2	2	..	..	5
Various		7	13	16	30	21	87
Total		291	301	247	246	289	1374

TABLE IId.

Factories, Workshops, Workplaces and Home-Work.

1.—INSPECTION.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Visits to Warehouses	125	2	...
Factories (including Factory Laundries)	86	28	...
Workshops (including Workshop Laundries)	1916	26	...
Workplaces (other than Outworkers' premises included in Part 3 of this Report)	387	...	...
Total	2514	56	...

2.—DEFECTS FOUND.

Particulars.	Number of Defects.			Number of Prosecutions
	Found.	Remedied.	Referred to H.M. Inspector.	
Nuisances under the Public Health Act :—				
Want of Cleanliness	12	12	...	
Want of Ventilation	...	...	...	
Overcrowding	2	2	...	
Want of drainage of floors	37	37	...	
Other Nuisances	70	70	...	
Sanitary accommodation — insufficient	33	32	...	
Sanitary accommodation — unsuitable or defective	17	17	...	
Sanitary accommodation — not separate for sexes	...	...	...	
Offences under the Factory and Workshop Act :—				
Illegal occupation of underground bakehouse (s. 101)	...	...	...	
Breach of special Sanitary requirements for bakehouses (s.s. 97 to 100)	10	10	...	
Other offences (excluding offences relating to outwork which are included in Part 3 of this Report)	...	...	1	
Total	181	180	1	...

TABLE IIE. HOME WORK.

NATURE OF WORK.	OUTWORKERS' LISTS, SECTION 107.									OUTWORK IN UNWHOLESOME PREMISES, SECTION 108.			OUTWORK IN INFECTED PREMISES, SECTIONS 109, 110.		
	Lists received from Employers.						Notices served on Occupiers as to keeping or sending Lists.	Prosecutions.							
	Twice in the Year.			Once in the Year.											
	Lists.	Outworkers. Con-tractors.	Outworkers. Work-men.	Lists.	Outworkers. Con-tractors.	Outworkers. Work-men.		Failing to keep or permit Inspection of Lists.	Failing to send Lists.	Instances.	Notices served.	Prosecutions.	Instances.	Orders made (S. 110).	Prosecutions (Sections 109, 110).
Wearing Apparel:—															
(1) making, &c.	13	4	17	1	...	...	...	...	...	...	...	...	...	...	...
(2) cleaning and washing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	26	8	34	1	...	...	...	...	...	...	...	...	...	...	...

4.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year.	Number.
Factories	194
Workshops	909
Workplaces	69
Retail Bakehouses	199
Public do.	3
Total number of Workshops on Register	1374

5.—OTHER MATTERS.

Class.		Number.
Matters notified to H.M. Inspector of Factories:—		
Failure to affix Abstract of the Factory and Workshop Act (s. 133) 1901 ...		1
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5). 1901	Notified by H.M. Inspector	20
	Reports (of action taken) sent to H.M. Inspector...	21
Other		64
Underground Bakehouses (s. 101):—		
Certificates granted during the year		...
In use at the end of the year		...

TABLE IIF.

Summary of Work done under the Factory and Workshop Act, during the Year 1925.

	No. 1 District.	No. 2 District.	No. 3 District.	No. 4 District.	No. 5 District	Total.
Number of Factories and Workshops on Register	291	301	247	246	289	1374
,, Circular Letters sent re Out-workers	...	27	...	...	...	27
,, Out-workers reported	...	34	...	...	...	34
Visits to Factories and Workshops	439	635	126	140	301	1641
,, Retail Bakehouses	30	281	10	16	6	343
,, Public Bakehouses	...	16	...	2	...	18
,, Home-workers premises	2	28	...	...	...	30
Drains tested	11	...	11	1	5	28
DEFECTS FOUND AND REMEDIED :—						
Defective Drains	9	1	19	3	5	37
,, Slopstone Pipes	5	...	...	...	2	7
,, Spouts and Roofs	17	1	2	1	5	26
,, Water Closets	3	1	12	...	1	17
,, Yard Pavement	2	...	...	...	...	2
Limewashing required	4	...	...	7	1	12
General Nuisances	5	3	3	...	2	13
Insufficient W.C. accommodation for Females	1	2	...	10	3	16
Insufficient W.C. accommodation for Males	...	2	...	9	6	17
No receptacle for refuse	21	...	...	...	5	26
Manure Accumulations	5	...	...	...	1	6
Overcrowded	2	...	...	...	...	2

Total defects found, 181; remedied, 180.

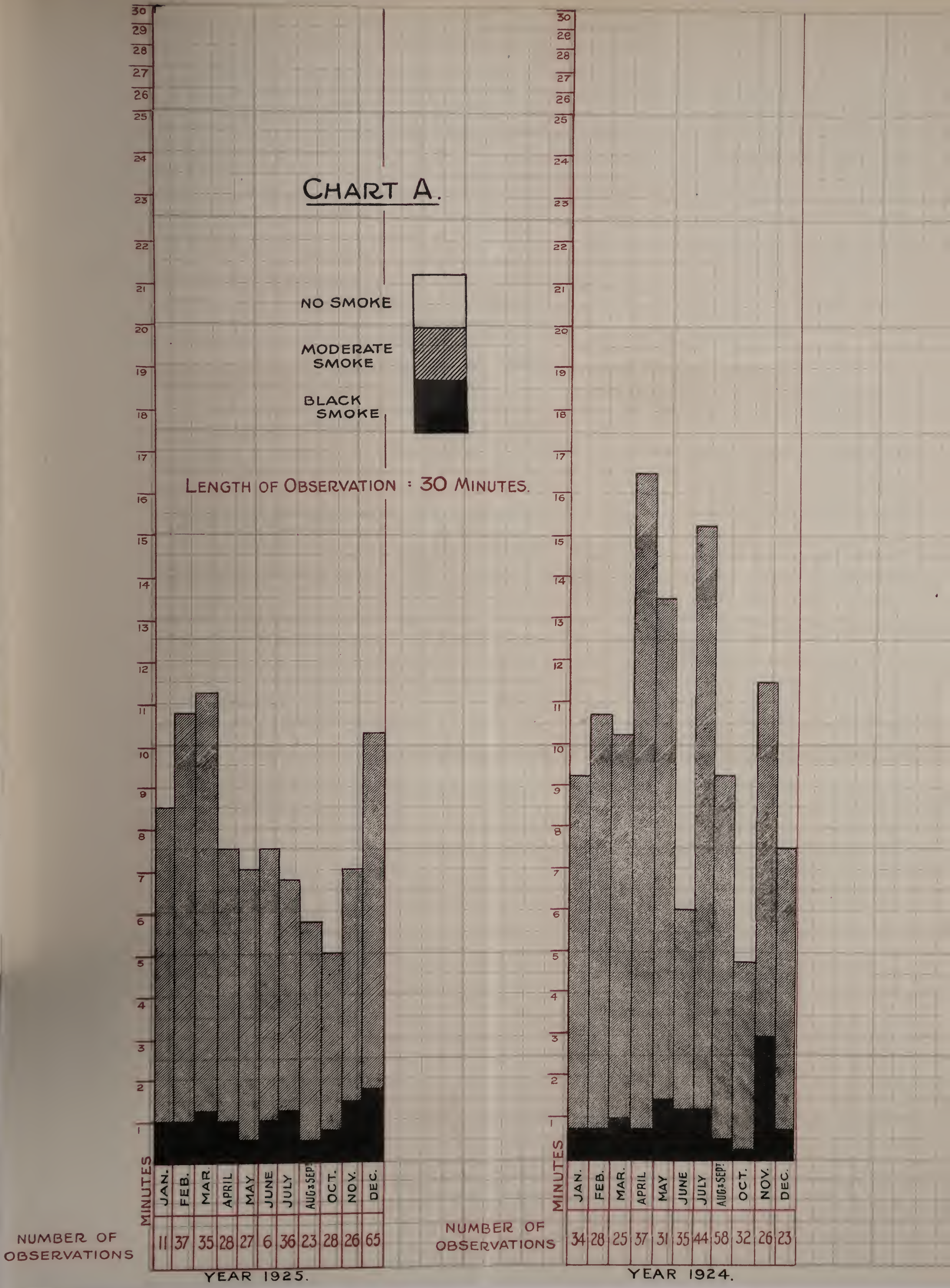

CHART A.

Length of Observation : 30 Minutes.

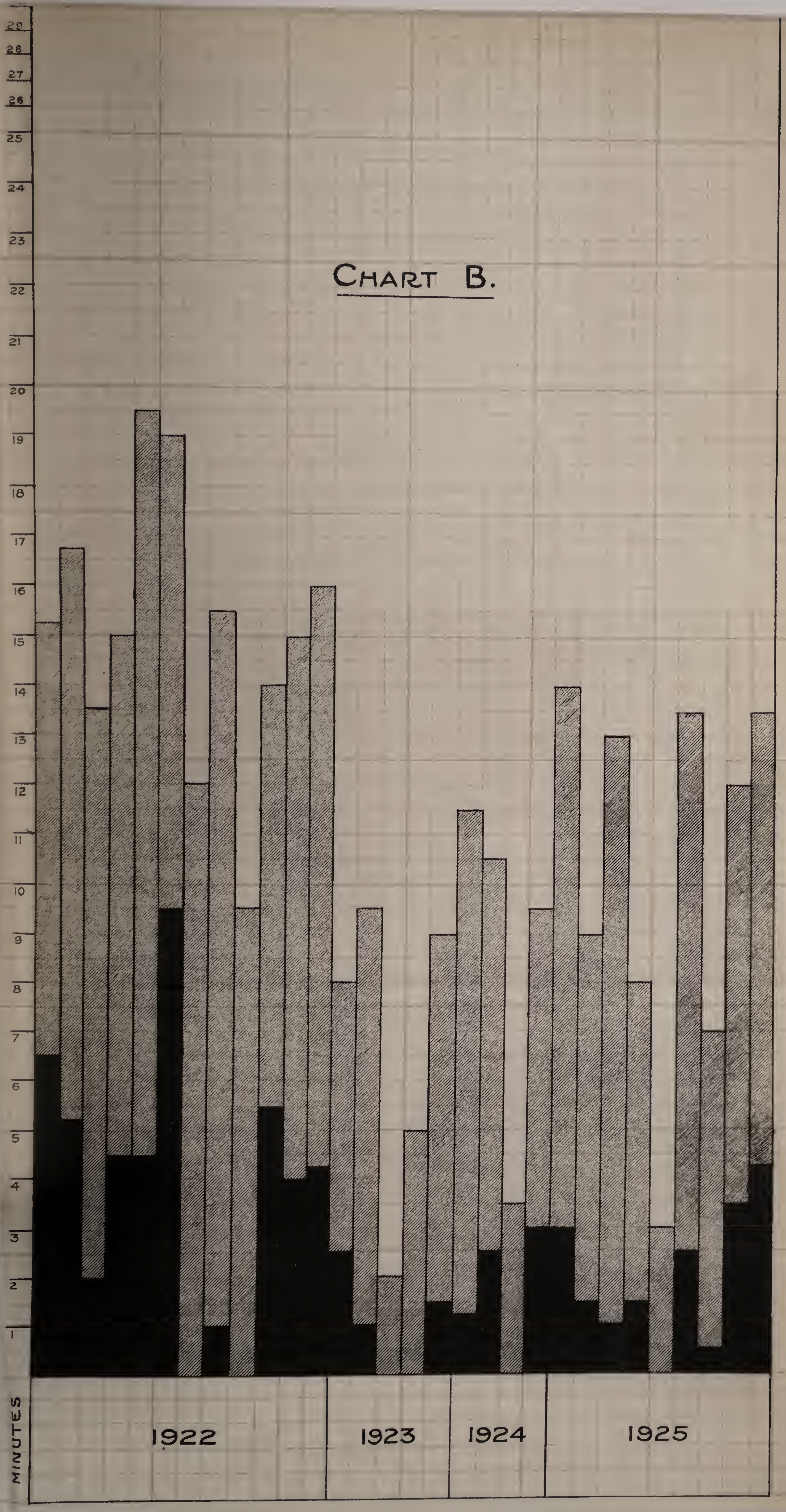
CHART B.
29
28
27
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19
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12
11
10
9
8
7
6
5
4
3
2
1
MINUTES
1922
1923
1924
1925

OFFENSIVE TRADES.

The following offensive trades are established in the Borough :—

Fell Monger, 1; Soap Boiler, 3; Fat and Tallow Melter, 6; Knackers Yard, 1; Gut Scraper, 1; Tripe Boiler, 5.

All these premises are subject to frequent inspection. 909 Visits were paid during the year and one nuisance was remedied. The conditions are as satisfactory as the nature of the trade will allow. The Knackers Yard premises were re-constructed and re-drained.

PIG KEEPING.

There are 19 Pig Keepers in the Borough, 3 of whom have been granted permission since 1918. Nine are Farmers and 10 kept pigs before the War. The total number of pigs kept is 179.

The sanitary conditions, especially those relating to the distance from inhabited dwellings, drainage, conditions of floors and buildings, and means of temporary storage of manure are satisfactory in most cases. 48 Visits were made to the premises.

COMMON LODGING HOUSES.

There are 34 Common Lodging Houses on the register, two having been closed since 1916. The accommodation consists of 910 beds in 226 rooms. The average number of lodgers per night is 629.

The premises were visited regularly at intervals of 3 days or 3,812 visits in all. Proper conditions as to cleanliness, ventilation, keeping of registers, white-washing and avoidance of overcrowding, etc., were firmly enforced by the Sanitary Inspectors.

There are no houses let in lodgings on the register. A few which might come under this designation are regarded and treated as Common Lodging Houses. 34 have been limewashed and cleansed, and 26 nuisances abated. In 16 cases the drains were found defective, and were cleansed and repaired. Ashpails provided in one instance.

THE RAG FLOCK ACT.

No samples have been taken.

RATS AND MICE DESTRUCTION ACT.

The advice of the Department was sought by proprietors of infested premises on numerous occasions.. Buildings were inspected as follows :—

Factories	11
Food Preparing Premises	20
Groups of Dwelling-houses	160

In 146 instances the cause of the invasion was found to be defective drains. In each case the possibility of further infestation was removed by the execution of the necessary repairs. In these operations over 1,890 rats were destroyed.

During the year special attention was paid to the rat infestation at the Knackers Yard. 200 rats were accounted for.

In last year's report mention is made of a bone dealer's premises where a large number of rats were caught. At these premises the rat catcher has been engaged under an annual contract to keep the premises clear of rats, this work being a continuance of the previous year's activities. The number of rats caught on these premises alone is 1,549, and the effect of the work has been to cause a noticeable drop in the number of premises in the respective localities reporting infestation.

The necessary inspections and supervision of the work entailed called for 383 visits of the staff.

STABLE PREMISES AND GARAGES

Have been the subject of 385 visits. As a result 5 stables have been abolished, 22 have been cleansed, 3 new drains installed, new middens provided in 2 instances, covers to middens in 15 instances, 34 old middens abolished, pails have been substituted and arrangements made with the Cleansing Department to remove periodically, 5 offensive accumulations abolished, and 3 structural repairs carried out.

THEATRES AND CINEMAS.

1 Cinema, the Marathon, was closed.

In 16 Theatres and Cinemas, of which 2 are used for theatrical performances and the remainder as cinemas, the seating is as follows :—

Cinemas, 14.	Total Seats, 12,962.
Theatres, 2.	Total Seats, 4,452.

In accordance with the regulation issued by the Ministry, Circular 120, 25/8/20, each place of entertainment has been visited and a certificate issued to the proprietor for presentation to the Licensing Authority, who require such certificate before they can grant the licence. This certificate must state that the premises are satisfactory in sanitary and other respects. Special attention has been paid to ventilation, cleanliness, condition of the dressing rooms and, in the case of picture houses, the proximity of the front seats to the screen. The standard laid down in the Interim Report of the Joint Committee on Eyestrain in Cinemas appointed by the Illuminating Engineering Society in October, 1919, which has been adopted, was given in the report for 1921.

In 2 cases cinemas were unsatisfactory as regards ventilation, and have been improved.

During the year the District Inspectors paid 93 official visits to places of entertainment.

SHOPS ACTS 1912 and 1913.

The administration of these Acts was transferred to the Police on January 1st, 1924.

MISCELLANEOUS.

In addition to the work under the foregoing heads, a large volume of inspection under miscellaneous heads was carried out. These were :—

Hospitals	2 visits.
Tents and Vans	75 visits.
Offensive Accumulations	47 visits.
Animals so kept as to cause a nuisance ...	115 visits.

SMOKE OBSERVATIONS.

The question of the reduction of the permissible limit of Black Smoke was unsuccessfully brought before your Committee in December, 1922.

There are approximately 135 factory chimneys in the Borough, and observations have been made upon 76 of them, giving 322 half-hour observations during the year.

The attached chart (A) shews the rise and fall of the monthly averages of black and moderate smoke, the number of observations on which the averages are based being given at the foot of the monthly columns. For comparison the chart deals also with the year 1924.

Chart (B) gives a four years' record of a chimney to which considerable attention has been given, with the result that in March, 1923, additional smoke prevention plant was installed. The effect of this alteration can be seen from the chart.

DISINFECTION.

The Disinfectors are responsible for the disinfection of premises after infectious disease and after death from Tuberculosis or change of address of persons suffering from Tuberculosis. The work is summarized below :—

TABLE IIg.

	District **No.1**	District **No.2**	District **No.3**	District **No.4**	District **No.5**	**Total.**
Beds	73	68	96	110	84	431
Mattressses	42	47	70	52	49	260
Bolsters	123	140	158	140	110	671
Pillows	276	261	313	413	271	1534
Other items of Bedding, etc.	131	180	193	211	164	879
Houses	145	170	190	210	160	875
Rooms	218	192	231	326	258	1225
Schools	1	1	2	...	1	4
Institutions	4	3	5	1	1	14
Jumble Sales	2	15	2	18	10	47
Picture Palaces	12	8	12	4	...	36
Vehicles	...	1	...	...	...	1
Books	29	43	60	47	29	208

REPORT ON THE ADMINISTRATION OF THE CANAL BOATS ACTS, 1877 and 1884.

The records show that 57 Boats have been registered, 29 of which have been cancelled, leaving 28 on the Register. A number of boats have been laid up owing to bad trade. Only one infringement of the Regulations was found, and this was promptly dealt with on informing the owners.

On inspection the boats were found in a fairly satisfactory condition.

No case of Infectious Disease was reported during the year.

The work of inspection has been carried out by Inspector W. Baron, in addition to his other duties as Port Sanitary Inspector, no special remuneration being paid for this part of his work, The following table shows the details of Occupation and Inspection during the past 10 years :—

	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Number of Inspections ...	122	113	121	124	111	219	288	46	189	194
Males in Occupation	52	67	115	129	98	311	39	26	36	30
Females in Occupation ...	24	33	50	57	47	149	15	14	14	13
Children in Occupation...	10	25	40	27	41	56	7	5	6	5

PORT SANITARY ADMINISTRATION.

TABLE IIh.

Amount of Shipping entering the Port Sanitary District during the Year 1925.

		Number	Tonnage	Number Inspected		Number reported to be defective	Number of Orders Issued
				By the Med. Officer of Health	By the Sanitary Inspector		
Foreign	Steamers	236	210660	41	204	36	36
	*Motor	1	1284	...	1	...	...
	Sailing	2	2469	2	2	...	...
	Fishing	...	...	...	...	...	...
Total Foreign ...		239	214413	43	207	36	36
Coastwise	Steamers	985	150999	46	829	225	225
	*Motor	13	2794	...	12	...	...
	Sailing...	7	1217	2	7	...	...
	Fishing	...	...	...	...	...	...
Total Coastwise ...		1005	155010	48	848	225	225
Total Foreign and Coastwise ...		1244	369423	91	1055	261	261

*Includes mechanically-propelled vessels other than steamers.

TABLE IIi.

Rats destroyed by dogs, traps and ferrets, and number of Baits set for destruction of Rats in 1925.

Number of	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov	Dec.	Total In Year
Black Rats	...	...	1	...	10	...	...	...	...	...	15	...	26
Brown Rats	132	24	33	35	40	41	25	40	42	63	70	37	582
Grey Rats	40	33	27	28	47	42	47	26	31	39	34	35	429
Rats examined .	...	...	...	...	...	...	...	...	...	...	...	...	...
Rats infected with Plague...	..	...	...	...	...	...	...	...	..	...	...	...	...
No. of Baits set.	995	975	1290	855	1330	875	1015	750	860	1375	2145	1060	13525

TABLE IIj.

Precautions Against Plague.

Particulars Relating to Vessels " Infected " or " Suspected," or from Infected Ports.

Name of Vessel.	Date of Arrival.	Whether infected, suspected or from an infected Port?	Method of Rat Destruction employed.	Number of Rats killed.	Whether a certificate of Deratisation was issued?
			Trapping, poisoning, etc.		
SS. Abando	Jan. 12th, '25.	Infected Port.	Both.	202	No.
SS. Gerina	Feb. 9th, '25.				
SS. Lord	Apl. 17th, '25.				
SS. Vera	May 1st, '25.				
SS. Nordfold	June 9th, '25.				
SS. Chiswick Manor	July 10th, '25.				
SS. Skaane	,, 30th, '25.				
SS. Alfold	Aug. 24th, '25.				
SS. Albia	,, 28th, '25.				
SS. Johanne	Oct. 23rd, '25.				
SS. Albia	,, 26th, '25.				
SS. Johnstown	Nov. 11th, '25				

Vessels (other than those dealt with in Table IIj.) subjected to measures of Rat destruction.

The Ratcatcher visits all foreign boats. Owing to the quick discharge and then sailing light, the number of rats poisoned on board ships cannot be stated with certainty.

No. of Vessels on which trapping, poisoning, etc., were employed	25
No. of Rats killed	110

TABLE IIk.

Return of Port Sanitary Work for the Year 1925.

Foreign	Steamships Inspected	204
	Sailing Vessels Inspected	2
	Motor Boats Inspected	1
	Re-Inspections	110
Coastwise	Steamships Inspected	820
	Sailing Vessels Inspected	7
	Motor Boats Inspected	12
	Re-Inspections	280
Condition of all Vessels Inspected	Good	792
	Defective	261

Defects Remedied.—

Forecastle re-painted	7
Do. cleansed	144
Dirty Lockers, Washhouses, Store Rooms, etc. cleansed	252
Foul Water Tanks cleansed	74
Do. and defective W.C.'s cleansed and repaired	152
Accumulations of Offensive Refuse removed	41
Damp Quarters remedied	4
Leaky Decks overhead caulked	4
Defective Port-lights, Sky-lights, and Dead-lights remedied	8
Do. Stove Replaced	1
Defective Lavatories and Waste Pipes repaired	6
Dirty Galleys Cleansed	69

The Chief Imports.	Source.	The Chief Exports.	Destination.
Wood Pulp	Canada, Germany, Sweden, Norway and Finland.	General	Dublin & Belfast.
		Coal and Coke	Ireland, Norway, Sweden, etc.
Timber	Canada, Norway, Germany, Sweden and Finland.	Salt Cake	Norway and Sweden, etc.
Stone	Norway, Sweden, Wales & Ireland.		
China Clay	Cornwall.		
Potatoes	Ireland.		
Live Stock	Dublin.		
Esparto Grass	Oran & Azew.		
Cement	London.		
General	Sweden, Belfast, Dublin, London Hamburg and Norway.		
Whiting	London and Cornwall.		
Motor Spirit	London and Stanlow.		
Slates	Wales.		

In addition to the measures of rat destruction as set forth in Tables IIi. and IIj. it should be stated that the Port Sanitary Authority employ a whole-time rat catcher, who acts under the instruction of the Port Sanitary Inspector, Mr. Baron, himself a whole-time officer. Every foreign ship is visited by the rat catcher and dealt with according to the necessity of the case. The methods used are trapping by cage and spring traps, rat-catching varnish, poisoning by phosphorus, squills, barium carbonate, etc., and killing by ferrets and dogs. Judging by the number of baits set it is estimated that a total number of 7,329 rats were destroyed in the year, of which 110 were poisoned on ships other than those dealt with in Tables IIi. and IIj. Two hundred and two rats were caught in traps, and 312 were caught on ships arriving from infected ports. The net total rats caught is 1,037.

Precautionary measures were taken for the destruction of Mosquitos and the larva both on the Dock and the lands adjoining. The measures taken were cleaning and clearing of weeds, etc., from stagnant pools and ditches, and then spraying periodically throughout the summer with paraffin.

Numerous samples of mosquitos breeding on these pools were submitted to entomological examination, but in no case was the insect found to be of the malaria carrying type.

Public Health (Unsound Food) Regulations, 1907.

List of Imported Articles Inspected.

Wheat Barley Flour Oatmeal Sugar Nuts
Herrings Sardines Brislings Beef Pork Mutton
Potatoes.

List and Weight of Articles Condemned and Destroyed.

	Cwts.	Qrs.	Lbs.
Beef	12	0	6
Mutton	0	1	7

THE PRESTON (SHELL FISH) REGULATIONS, 1923.

These Regulations forbidding the picking of Mussels for human food, in the estuary of the River Ribble, came into force in October, 1923. Since then placards have been posted in prominent places on both sides of the River and at Preston. The placards and notices were renewed during 1925. All the fishermen on both the north and south sides of the River and at Preston have been served with a copy of the Notice. The mussel beds have been visited regularly by Inspector William Baron, who paid 17 visits to these beds during 1925.

On November 13th and 15th, 1925, three Preston fishermen were caught landing 11 bags of mussels at Preston. The mussels were seized and destroyed, and the men were cautioned.

III.—Food.

By R. FINCH, F.R.C.V.S., D.V.S.M.

MILK SUPPLY.

Milk retailed in the Borough amounts approximately to 6,150 gallons daily, or 8 ounces per head per day, compared with 6,390 gallons daily in 1924.

12 Dairy Farmers and 3 Cowkeepers in the Borough produce 500 gallons and retail	630 galls.
36 Dairies in the Borough retail	1605 ,,
33 Resident Kitters in the Borough retail	990 ,,
25 " Mixed Business " shops retail	275 ,,

94 Dairy Farmers outside the Borough produce and retail 2,590 gallons plus 60 gallons skimmed milk.

There are 19 purveyors of sterilized bottled milk.

Dairy Farmers and Cowkeepers in the Borough are producing and retailing 730 gallons of milk daily more than the previous year. Dairies in the Borough retail about 600 gallons more than the previous year.

Resident Kitters in the Borough who are reduced in number from 48 to 33, are retailing 990 gallons as against 1,704 gallons in 1924.

Mixed shops are reduced in number by 3 and are selling 275 gallons as against 343 gallons in 1924.

There are 94 Dairy Farmers outside the Borough producing and retailing as against 101 in 1924.

The above summary also shows that there is a considerable reduction in the number of resident kitters, 33 as against 48. On the other hand there is an increase in the number of Dairies in the Borough, viz., 36 as against 27.

The above figures as to the amount of milk sold are based upon estimates provided by the traders concerned. They are approximate only.

The supervision of the Milk Supply necessitated the following work :—

Visits to Dairies, Cowsheds and Milkshops in the Borough—

By Veterinary Officer	64
By Inspectors	263
Number of Cattle Examined by the Veterinary Officer inside the Borough	328 cows.
Number of Cattle Examined by the Veterinary Officer outside the Borough	334 cows.

No of Samples of Milk taken for examination :—

	1923.	1924.	1925.
For Tubercle Bacillus	51	229	291
At the Borough Laboratory for dirt contamination	154	304	204
Under the Food and Drugs Acts	133	9	81

I. TUBERCULOSIS AND THE MILK SUPPLY.

On referring to the above table it will be seen that 62 more samples of milk have been taken for Tuberculosis examination than in the previous year. 235 of these samples were taken by the Sanitary Inspectors from the different purveyors of market milk retailed in the Borough. The remaining 56 samples were taken by the Veterinary Officer direct from farms during the course of special investigation into milk supplies found to be tuberculous in the above-mentioned routine examination. As a result of these investigations 13 cows affected with Tuberculosis of the udder were removed and slaughtered under supervision.

The following figures show the number and percentage found to contain the Bacillus of Tuberculosis :—

MARKET MILK (Mixed Samples.)

	1923.	1924.	1925.
Number of Routine Samples examined ...	51 ...	162 ...	235
Number found Tuberculous	9 ...	19 ...	14
Percentage	17.67 ...	11.73 ...	5.99

The percentage shows a very satisfactory reduction on previous years results, and indicates that the measures which are being adopted to safeguard the public against Tuberculous infection from the milk supply have been beneficial.

Farmers and producers of the district are beginning to appreciate the importance of this subject.

The Tuberculosis Order of 1925 has already caused a great reduction in the spread of Tuberculosis in cattle. The Milk and Dairies Consolidation Act of 1915 further strengthens the hands of Local Authorities.

The goodwill of the farming community and a proper understanding between them and Local Authorities are valuable assets and are being cultivated. The two great factors which will tend to eliminate Tuberculosis from milk are uniform Veterinary inspection of milking herds throughout the country, combined with frequent sampling for biological testing of milk.

In investigating the milks produced outside the Borough, great assistance has been given to your Veterinary Officer by the Medical Officer of Health to the Preston Rural District Council (Col. C. J. Trimble, C.B., M.D.) and all work in connection with these investigations has been done in close collaboration with him.

During the inspection of cattle at the Abattoir 79 udders were found to be affected with Tuberculosis. The majority of these animals were old cows, and were from districts outside the area from which milk is drawn for the Borough.

II. GRADE "A" AND CERTIFIED MILK.

There are no Grade " A " producers in Preston. There is one retailer who sells " Certified " milk which is of a higher quality than Grade " A " milk.

III. EXAMINATION FOR THE APPROXIMATE AMOUNT OF BUTTER FAT AND MANURIAL CONTAMINATION.

The examination of these samples is carried out by your Veterinary Officer. Out of a total of 204 samples submitted from the various sources, 77 were found to be unsatisfactory for one or more of the following reasons :—

Manurial contamination visible to the naked eye	47
Discoloured or bad odour	11
Premature souring	13
Deficient in fat content	6

	1923.	1924.	1925.
Number of samples examined... ...	154	304	204
Number of samples unsatisfactory ...	72	79	77
Percentage	46.7	26.0	37.74

The percentage of samples shows an increase on that of the previous year. An exceptionally wet grazing season, causing the farms to be flooded, and gateways and yards more difficult to keep clean with consequent soiling of the udders is partly responsible. Informatory reports of our findings were sent to the producers concerned.

The Public Analyst shows that the average fat content of the samples taken under the Food and Drugs Act was 3.99 per cent. (80 samples), as against 3.92 per cent.

IV. BACTERIAL CONTAMINATION.

This examination has been carried out on 246 samples which were sent to the Bacteriological Laboratory, Liverpool University. The bacteriological examination was for the presence of Colon Bacilli, Bacillus Enteritidis Sporogenes, and other allied organisms, whose normal habitat is manure. The following table shows the number of samples with varying degrees of contamination :—

Colon Bacilli present in the following dilutions of a Cubic Centimetre.

Cols. 1	2	3	4	5	6
1 cc.	1/10 cc.	1/100 c.c.	1/1000 c.c.	1/10000 cc.	1/100000 cc.
19	25	41	32	28	72

Presence of Bac. Enteriditis Sporogenes.	Free from both in any dilution.
15	29

Those samples appearing in columns 1, 2 and 3 show a slight unavoidable contamination. Those in column 4 indicate a sample of doubtful purity, while those in columns 5 and 6 may be regarded as heavily polluted.

The way to obtain a much needed improvement is to house the cows on a well constructed and clean standing, in which the channel for the manure is sufficiently deep to prevent soiling of the hindquarters of the cattle when lying down. The grooming of the cows, the provision of adequate facilities for cleansing the vessels, the use of small topped milk pails, of clean overalls and attention to the cleanliness of the hands of the milker are of vital importance.

41 farms from which the 72 contaminated samples were obtained were personally visited. Each farmer was notified of the adverse findings, so that suitable measures could be adopted.

The education of producers on the above lines by circulars on a clean milk supply, by personal visits and advice, is energetically pursued by this Department.

V. Milk and Cream Regulations, 1912 and 1917.

Three samples of cream and 2 samples of preserved cream were purchased, each of which met the requirements of the above regulations.

VI. Ice Cream.

The conditions are as described in the report for 1922. 18 Visits of inspection were paid. It would be of great advantage if the manufacture and sale of ice cream were subject to annual licence and registration.

CONTAGIOUS DISEASES OF ANIMALS ACT.

The diseases scheduled under the Diseases of Animals Acts are :—

Anthrax.
Foot-and-Mouth Disease.
Parasitic Mange (Horses).
Epizootic Abortion (Cattle).
Rabies.
Sheep Scab.
Swine Fever.
Cattle Plague.
Pleuro-Pneumonia.
Sheep Pox.
Epizootic Lymphangitis.
Glanders and Farcy.
Tuberculosis (Cattle).

Tuberculosis.

The Tuberculosis Order (Cattle) came into force on September 1st, 1925. 18 animals were slaughtered in the Borough under this Order. One of these animals came from a farm inside the Borough. The work under the above Order has necessitated the following number of visits :—

Veterinary Officer—Cattle Market and Saleyard ... 124 visits.
Other premises ... ... 20 visits.

The number of live animals inspected at the Cattle Market and Saleyard was as follows :—

Cattle.	Sheep.	Pigs.	Calves.
Fat—13,026 Store & Dairy—20,791.	82,757.	17,188.	11,504.

Total ... ... 145,266 animals.

No. of animals removed from the Market or slaughtered under the Tuberculosis Order, 1925 9

ANTHRAX.

Three cases, two actual and one suspected, have been dealt with during the year. Both positive cases were animals which had been brought in dead from Anthrax from premises outside the borough to the knacker's yard. All precautions were taken with regard to the complete destruction of the diseased carcases, and the disinfection of the premises was carried out. The infringements of the Anthrax Order were followed by Police Court proceedings initiated by the County Police, in whose area the offences were committed.

PARASITIC MANGE (HORSES).

There were four outbreaks reported. In the first case one animal was infected. In the second case one animal was infected. In the third case three animals were infected. In the fourth case two animals were infected. The regulations contained in the Parasitic Mange Order were carried out.

Total horses examined at the Repository	2,099

RABIES.

One suspected outbreak was reported, but unproved.

EPIZOOTIC ABORTION.

Although this disease is very prevalent in dairy stock throughout the country, no cases have been observed within the Borough. Notices of the Epizootic Abortion Order, warning farmers and dealers of the offence of exposing animals in an infective condition at a public market, have been posted up. No prosecutions have been taken under this Order.

FOOT AND MOUTH DISEASE.

During the year this disease has been prevalent throughout the country. The movement of animals into or within infected areas has been controlled by the granting of licences by the Local Authorities concerned. Various Orders were issued during the year.

On October 21st there were five separate centres of infection—Dorset, Bucks, Sussex, Wilts, and North Midlands. On October 22nd outbreaks at Blackburn Abattoirs, and at Bolton and Bury, were reported. This was followed shortly afterwards by an outbreak on a farm at Samlesbury. The Borough has remained free throughout the year.

Total number of outbreaks from September 25th to December 31st was 235. These occurred in 21 different counties. A Regulated (Stand Still) Area Order was made to operate from November 17th, and was still in operation on December 31st.

SWINE FEVER.

One suspected case was reported, but not proved.

Orders issued by the Ministry of Agriculture and Fisheries.

The following Orders were introduced during the year :—

Date of Operation.	Title.
Mar. 16th.	Animals (Transit and General) (Amendment) Order of 1925.
Feb. 11th.	Foot and Mouth Disease Emergency Restrictions Order of 1925.
Mar. 16th.	Regulation of Movement of Swine Amendment Order of 1925.
May 15th.	Imported Animals Order of 1925.
June 3rd.	Amending the Foreign Animals Order of 1910.
,, 13th.	Amending the Foreign Animals Order of 1910.
July 1st.	Foot and Mouth Disease Amendment Order of 1925, No. 2.
,, 2nd.	Animals (Transit and General) Amendment Order of 1925, No. 2.
,, 25th.	Foreign Hay and Straw Amendment Order of 1925.
Aug. 1st.	Foreign Hay and Straw Amendment Order of 1925, No. 2.
Sep. 1st.	Tuberculosis Order of 1925.
,, 1st.	Tuberculosis Order of 1925, No. 2.
,, 22nd.	Foreign Hay and Straw (Amendment) Order of 1925, No. 3.
,, 22nd.	Amending the Foreign Animals Order of 1910.
Nov. 15th.	Ely and District Swine Fever Infected Area Order, 1925, No. 2.
,, 17th.	Midlands and South of England (Regulation of Movement of Animals) Order of 1925.
,, 19th.	Foot and Mouth Disease (Packing Materials) Order of 1925.
,, 23rd.	Midlands and South of England (Regulation of Movement of Animals) Order of 1925 (No. 2).
,, 27th.	Midlands and South of England (Regulation of Movement of Animals) Order of 1925 (No. 3).
Dec. 2nd.	Midlands and South of England (Regulation of Movement of Animals) Order of 1924 (No. 4).
,, 3rd.	Foot and Mouth Disease Birmingham Pig Market Order of 1925.
,, 10th.	Foreign Hay and Straw (Amendment) Order of 1925, No. 4.
,, 10th.	Market Sales and Lairs Order of 1925.
,, 10th.	Movement of Animals (Records) Order of 1925.

Importation of Live Stock from Ireland.

The following figures show the number of animals that were landed from Ireland at the Preston Docks for 1924 and 1925 :—

	Cattle.	Sheep.	Pigs.	Asses.	Goats.
1924	25,817	44,223	690	Nil	Nil
1925	18,726	28,780	107	3	1

The number of those which had to be slaughtered for emergency reasons are as follows :—

	Cattle.	Sheep.	Pigs.
1924	6	145	4
1925	9	307	1

The carcases of these were carefully inspected before being passed as fit for food. Any carcases or portions condemned are included in the general list under Meat and Food Inspection tables. In addition to these, several animals died in transit and were dealt with in the appropriate manner.

The Veterinary inspection of all live animals arriving at the lairage is under the supervision and control of the Ministry.

OTHER FOODS.

A complete register of all food preparing premises as required by the Preston Corporation Act, 1921, Part VI., Section 45-46, has now been completed. The total number of such premises on the Register is as follows :—

Food preparing premises	109
Tripe shops and factories	19
Total	128

There were 92 such premises registered in 1924.

The Veterinary Officer paid 36 visits, and the Meat Inspector 149 visits, to these premises.

Full advantage has been taken of the further powers given under the new Meat Regulations, and as a result a higher standard of cleanliness has been enforced. With regard to the manufacturing premises, special endeavours have been made to induce owners to so reconstruct and modernise their premises as to allow of hygienic management. There are 15 wholesale premises as compared with 12 last year, and the remaining 94 are butchers' shops where potted meat and sausage are manufactured for sale on the premises.

Fried Fish Shops

Have been the subject of 30 visits by the District Inspectors. The conditions are satisfactory.

The wholesale Fish Market is regularly supervised by Inspector Crossthwaite, 285 visits being paid. The retail markets (1013 visits) are also continuously examined.

The neighbouring Port of Fleetwood supplies the largest amount of fish to the town and the outlying districts, although consignments are received almost daily from many other fishing centres, viz. :—

Wet Fish—Grimsby, Milford Haven, Hull, Swansea, Peterhead, Glasgow, Campbeltown, Rothesay, Oban, Liverpool, Eyemouth, Baltimore, Londonderry, and Killibegs.

Dry Fish—Lowestoft, Yarmouth, Hull, Fraserburgh, and Wick.

Shell Fish—Cark-in-Cartmell, and Barra (Oban).

Rabbits—Dumfries, Kirksanton (Carnforth), Lazonby, Dalbeattie, and Hereford.

The quantity of goods reaching the markets and the amount condemned are as follows :—

TABLE IIIa.

Weight	Rabbits, Game. Poultry,			Fruit and Vegetables.			Wet Fish.			Dry Fish.			Shell Fish.			Totals.		
	T.	C.	Q.	T.	C.	Q.	T.	C.	Q.	T.	C.	Q.	T.	C.	Q.	T.	C.	Q.
Examined	58	5	3	2	12	0	3352	17	0	301	0	2	119	9	2	3834	4	3
Condemned	0	3	0	2	9	0	4	16	1	0	10	2	0	9	0	8	7	3

The possibilities of danger to the public health arising from shell-fish was reported upon by the Inspector for the Ministry of Health, and resulted in the publication of the Preston Shell-fish Regulations, 1923, by which the taking of mussels for food in the Ribble Estuary has been rendered illegal.

The Butter and Fruit Markets are subjected to frequent inspections. 84 visits were paid by the Veterinary Officer, 146 by the Food Inspector, and 611 by the District Inspectors, making a total of 841.

SALE OF FOOD AND DRUGS ACT.

In the following tables the work done in connection with the Sale of Food and Drugs Acts is summarised.

In the first table are shewn all those samples among which adulteration was proved. For instance, among 80 samples of milk taken 10 were proved to be adulterated. In the second part of the table are shewn all those samples among which no adulteration was proved, but which were submitted to special comment by the Public Analyst, usually on account of the addition of preservatives. 12.5 per cent. of samples of milk were proved to be adulterated, compared with 11.1 in 1924, 0.7 in 1923, and 7.1 in 1922. The remaining adulterated samples consisted of Medicines in which action was not taken on account of new arrangements for sampling made by the chemists on the Preston Insurance Panel and also of spirituous liquors in which legal action was taken in each of the formal samples found to be adulterated.

The special reports of the Public Analyst called attention to a number of deleterious substances which had either been added to or had reached the article of food in course of preparation. The presence of metallic tin in tomato soup is due to the action of the vegetable extract in the metallic container. That of arsenic in beer is due to some slight impurity of the sugar used ; that of arsenic in apples is due to the nature of the insecticide used in the form of spraying solutions.

Copper Sulphate is used to produce a bright green colour in tinned vegetables, and salicylic acid and sulphurous acids are used as preservatives.

Stringent regulations have recently been issued forbidding the use of copper sulphate, and regulating the amount and nature of preservatives which may be used.

TABLE IIIB.

Public Analyst's Report.

Sale of Food and Drugs Act. Action taken in regard to Adulterated Samples.

Article.	Number Analysed	Number Genuine	Number Adulterated	Reference No. of Adulterated Samples.	Formal	Informal	Amount of Adulteration.	Action taken.
Milk	80	70	10	646	1	..	Fat, 3.90%. Other Solids, 8.50%. Total Solids, 12.40%. 3.5 parts by volume of dirt of the nature of dung per 100,000 parts.	No action taken.
Do.	..	..	..	647	1	..	Fat, 2.10%. Other Solids, 8.84%. Total Solids, 10.94%. Deprived of 30% of its Milk Fat. 4.5 parts of dirt of the nature of dung by volume per 100,000 parts.	Fined £5 with 5/- witness fee.
Do.	..	..	..	768	1	..	Fat, 4.15%. Other Solids, 8.30%. Total Solids, 12.45%. Rich milk slightly watered.	No action taken.
Do.	..	..	..	843	1	..	Fat, 2.85%. Other Solids, 8.82%. Total Solids, 11.67%. Original milk deprived of 5% of its fat.	Cautionary letter from M.O.H.
Do.	..	..	..	844	1	..	Fat, 2.90%. Other Solids, 8.93%. Total Solids, 11.83%.	Do. do. do.
Do.	..	..	..	845	1	..	Fat, 2.75%. Other Solids, 8.85%. Total Solids, 11.60%. Original milk deprived of 8% of its fat.	Do. do. do.
Do.	..	..	..	846	1	..	Fat, 2.90%. Other Solids, 9.56%. Total Solids, 12.46%.	Do. do. do.
Do.	..	..	..	851	1	..	Fat, 5.47%. Other Solids, 8.15%. Total Solids, 13.62%. Very rich milk slightly watered.	No action taken.
Do.	..	..	..	901	1	..	Fat, 3.09%. Other Solids, 7.87%. Total Solids, 10.96%. Contained 7% of added water.	Fined costs, which included advocate's fee of £1 1s.
Do.	...	...	..	910	1	..	Fat, 4.20%. Other Solids, 8.03%. Total Solids, 12.23%. Contained 4% of added water.	Fined 40/-. £1 1s. advocate's fee.

TABLE IIIb.—*Continued.*

Public Analyst's Report (continued).

Article.	Number Analysed	Number Genuine	Number Adulterated	Reference No. of Adulterated Samples.	Formal	Informal	Amount of Adulteration.	Action taken.
Medicine ..	2	..	2	860	..	1	Was devoid of Morphine and Meconic Acid, and therefore did not contain any Laudanum or Paregoric.	Formal sample taken.
Do. ...	..	..	..	864	1	..	Do. do. do.	No action taken.
Rum	11	8	3	675	..	1	36.5° u.p., 1.5° below limit, 2.3% excess water.	Formal sample taken and found genuine.
Do.	..	..	..	959	..	1	36.7° u.p., 1.7° below limit, 2.6% excess water.	Do. do. do.
Do.	..	..	..	991	1	..	42.0° u.p., 7.0° below limit, 10.8% excess water.	Fined £3 and £2 2s .advocate's fee.
Gin	7	4	3	783	..	1	37.4° u.p., 2.4° below limit, 3.7% excess water.	Formal sample taken and found genuine.
Do.	..	..	..	958	..	1	42.5° u.p., 7.5° below limit, 11.5% excess water.	Do. do. do.
Do.	..	..	..	992	1	..	42.0° u.p., 7.8° below limit, 12.0% excess water.	Fined £3 and £2 2s. advocate's fee.
Whiskey ..	12	11	1	676	..	1	37.1° u.p., 2.1° below limit, 3.2% excess water.	Formal sample taken and found genuine.
Brandy	7	6	1	881	..	1	37.6° u.p., 2.6° below limit, 4.0% excess water.	Do. do. do.

TABLE IIIc.

Public Analyst's Report.

Articles Purchased.	Number Analysed	Ref. No. of Sample reported upon.	Special Report by Public Analyst.	Action.
Preserved Cream ..	4	619	Fat, 50%. Borates, 0.4%.	No action taken.
Rice	1	623	Contained 0.39% of Talc.	Do. do.
Cream of Tomato Soup	1	651	Contained 1.2 grs. of tin per lb.	Do. do.
Tinned Peas	1	658	Contained 1.82 grs. of Crystallised Sulphate of Copper per lb.	Do. do.
Tinned Spinach... ..	1	659	Contained 1.66 grs. of Crystallised Suplhate of Copper per lb.	Do. do.
Fruit Wine	1	672	Contained 1.4 grs. of Salicylic Acid per pint.	Do. do.
Coffee and Chicory ..	1	718	5% Chicory	Do. do.
Dried Pears	1	741	Contained 6 grs. of Sulphurous Acid per lb.	Do. do.
Dried Peaches	..	742	Contained 5 grs. of Sulphurous Acid per lb.	Do. do.
Beer	8	911	Contained 1/140 gr. of Arsenic per gallon.	Further sample taken.
Do.		962	Do. do. do.	Do. do. and found genuine.
Apples	1	996	Contained 1/60 gr. of Arsenious Oxide per lb.	Further samples taken in 1926.

MEAT AND FOOD INSPECTION.

All fresh meat consumed in the Borough is subjected to careful inspection. Roughly about 90 per cent. of this meat is from animals which have been slaughtered at either the Public Abattoir or the Private Slaughterhouses. The remaining 10 per cent. of fresh meat consists mainly of Pigs which have been killed and dressed in the country. These are subjected to inspection either at the Public Abattoir prior to delivery, or at the particular pork shop in the town to which the carcases are consigned.

Meat from abroad which may be classified into Frozen, Chilled, Salted, etc., is subjected to inspection at the port of entry, in addition to inspection in the country of origin, whose certificate is recognised by the Ministry of Health. Under this category may also be included consignments of Dutch pigs from Holland.

In order to control more efficiently the inspection, storage, transport, and handling of meat, the Public Health (Meat) Regulations, 1924, came into operation on April 1st.

With regard to Part I. and II., inspection, notice of slaughter, etc., efficient control under these headings had already been in operation prior to the above Regulations coming into force.

Part III. recognises legally the marking of meat which had already been established here. Part IV. dealing with stalls, has given Local Authorities increased powers in order to promote greater cleanliness and better protection of meat exposed for sale. Full advantage has been taken, and will continue to be taken under this section.

Part V. deals with shops, stores, etc., and in like manner gives similar powers to Local Authorities as those in Part IV.

It is satisfactory to note, that, as a result of these Regulations, and the combined efforts of the trade and the Local Authority, a very great improvement in the protection of meat exposed for sale in both shops and stalls has taken place.

It is now a thing of the past to see unprotected meat exposed for sale outside a shop or stall. Part VI. deals with transport and handling. Local Authorities can enforce greater cleanliness in the transportation and handling of meat. These powers have been of great assistance, and have resulted in an improvement.

MEAT MARKET.

The Meat Market is subjected to frequent inspection. The meat on the stalls is sold under cleaner and more satisfactory conditions since the advent of the Meat Regulations. More attention has been paid to the inspection of fowls, rabbits, fruit and eggs. Very occasional instances of avian tuberculosis in poultry have been noticed.

SLAUGHTERHOUSES.

There remain 13 Private Slaughterhouses. One is used entirely for the killing of pigs, and the other twelve for cattle, sheep, and calves. These are licensed annually, and are subject to frequent inspection.

The following table shows the number of animals slaughtered and inspected at the Public Abattoir and Private Slaughterhouses respectively.

TABLE IIId.

	Cattle		Sheep		Pigs		Calves	
	Killed.	Ins	Killed.	Ins.	Killed.	Ins.	Killed.	Ins.
Public Abattoir	4004	4004	20543	20550	1962	2856*	1986	1993
Private Slaughterhouses and Co-operative Slaughterhouses	2807	2811	18155	15207	3578	8176*	534	536
Total	6811	6815	38698	35757	5540	11032	2520	2529

*The number of pigs inspected exceeds the number killed by 5,492. This figure represents the number of animals country slaughtered and dressed. In 1924, the excess equalled 7,499, and in 1923, 4,176 (for ten months).

Of the 5,492 pigs thus inspected, 894 were sent to the Abattoir for inspection prior to delivery to the various shops, and 4,598 were inspected at the shops and pork factories to which they were consigned.

In last year's report it was stated that the new meat Regulations would considerably reduce the number of carcases so brought in. This however has not been the case owing to the privileges that have been extended in the Ministry of Health's circular letter No. 604, allowing farmers, smallholders, etc., to slaughter on unlicensed premises, provided that they give the necessary notification to the Local Authority. On the whole no serious exception can be taken to the condition in which these carcases are delivered to the respective shops, etc.

In order to curtail and centralize the work of inspection as much as possible, it is desirable that all country dressed carcases should be submitted to inspection at the Public Abattoir prior to delivery.

The following table shows the number of visits of inspections paid by the Veterinary Officer and the Meat and Food Inspector :—

TABLE IIIe.

	Veterinary Officer.	Meat Inspector.
Visits to Public Slaughterhouses ..	168	302
Visits to Private Slaughterhouses ..	1546	255
Visits to Butchers' Shops	1167	193

TABLE IIIf.

Weight of meat condemned as unfit for human consumption at the Public Abattoir, Private Slaughterhouses, and the Dock Slaughterhouse.

Animal	Whole carcases	Part carcases	Offal.	Total
Cattle	145,533 lbs.	34,842 lbs.	51,929 lbs.	232,304 lbs.
Sheep	5,185 ,,	280 ,,	2,820 ,,	8,285 ,,
Pigs	6,310 ,,	1,145 ,,	11,941 ,,	19,396 ,,
Calves	7,412 ,,	327 ,,	124 ,,	7,863 ,,

119 Tons 11 cwts. 2 qrs.

TABLE IIIg.

Numbers of whole carcases and offals condemned as unfit for food on account of Tuberculosis and other conditions.

	Tuberculosis.				Other Conditions.			
	Cattle	Sheep	Pigs	Calves	Cattle	Sheep	Pigs	Calves
Whole Carcases.	183	...	16	5	116	130	23	202
Head	317	...	435	...	49	23	8	1
Lungs	1571	...	460	2	171	90	101	1
Liver	277	...	362	2	885	705	74	1
Heart	85	...	335	1	9	37	29	1
Spleen	113	...	3	2	7	...	...	1
Kidneys	262	...	...	...	64	...	2	2
Udder	79	...	...	...	438	...	...	...
Stomach	74	...	1	...	8	...	...	1
Skirts	261	...	1	...	29	1	...	1
Mesentery	160	...	47	...	3	...	...	1

TABLE IIIh.

Causes of Condemnation in detail.

The weight of meat condemned, the cause of condemnation, and the class of animal :—

Disease.	Cattle.	Sheep.	Pigs.	Calves.
	lbs.	lbs.	lbs.	lbs.
Tuberculosis	153,047	...	14,282	796
Dropsy	28,818	2,672	127	388
Septic Conditions	17,370	160	...	90
Fevered	5,270	...	430	267
Bruising and Fractures	6,316	154	301	158
Decomposition	1,583	486	401	21
Mammitis (Non-septic)	2,559	...	77	...
Distomatosis (Liver)	8,062	1,682	..	...
Peritonitis	993	191	685	118
Angioma (Liver)	876	...	...	...
Actinomycosis	1,112	...	...	...
Abscess	1,015	30	113	20
Parasitic Cysts	903	163	98	...
Pleurisy and Pneumonia	882	129	552	9
Fatty Degeneration	567	20	5	...
Cirrhosis (Liver)	1,293	599	280	1
Melanosis	94	...	...	...
Pericarditis	105	...	...	...
Arthritis	246	5	25	156
Emphysema	190	...	...	...
Necrosis	83	...	9	...
Asphyxia	1,000	1,994	600	255
Jaundice	...	...	350	168
Erysipelas (Swine)	...	...	1,061	...
Immaturity (Calves)	...	...	...	5,416
Tumours	20	...	...	...
Totals	232,304	8,285	19,396	7,863

Total ... 119 Tons 11 cwts. 2 qrs.

TABLE IIII.

The following table gives the number of the 675 whole carcases condemned for the diseases stated :—

Disease.	Cattle.	Sheep.	Pigs.	Calves.
Tuberculosis	183	..	16	5
Dropsy and Emaciation ..	65	73	2	10
Septic Pericarditis	5	..	..	..
Fevered	9	..	2	4
Joint Ill	..	..	..	3
Scours	..	..	..	1
Immaturity	..	..	..	172
Urinous	..	..	1	..
Jaundice	..	..	2	4
Erysipelas (Swine)	..	..	6	..
Peritonitis	1	5	4	..
Decomposition	..	6	..	..
Asphyxia	2	42	2	6
Septic Pneumonia	5	..	1	..
Septic Metritis	6	1	..	..
Fractures and Bruising ..	3	2	1	1
Septic Peritonitis	5	..	..	..
Septicaemia	10	..	..	1
Septic Mammitis	5	..	..	..
Moribund	..	1	2	..
	299	130	39	207

IV.—Prevalence of, and control over, Infectious Diseases.

There was a slight diminution in the number of deaths from Measles, a relatively large increase in the deaths from Scarlet Fever and Diphtheria, a very great increase in those from Whooping Cough, whilst the deaths from Epidemic Diarrhœa were slightly higher than those for 1924.

Among the Infectious Diseases which are not included in the Zymotic Diseases, Influenza is given as the cause of death in 59 instances, as compared with 89 in the preceding year.

The deaths from Tuberculosis were slightly higher than those of last year, the decrease in the Pulmonary Tuberculosis being more than offset in the Non-Pulmonary type of the disease.

The seven principal Zymotic Diseases—Enteric Fever, Small Pox, Measles, Scarlet Fever, Whooping Cough, Diphtheria, and Diarrhœa—caused 113 deaths, giving a Zymotic rate of 0.92 per 1,000 living, as against 0.47 last year and 1.00 for the previous ten years. A table shewing the mortality from and the morbidity of these diseases for the previous five decennia appeared in the Report for 1920. A similar table dealing with the past ten years (Table IVA.), followed by tables relating to the age, sex, ward and time distribution of these diseases is appended (Tables IV. B, C and D).

TABLE IVA.

Summary of Zymotic Deaths for 1925 and the preceding ten years.

YEAR	1925	1924	1923	1922	1921	1920	1919	1918	1917	1916	1915	Average FOR 10 YEARS 1915—1924.
Population	122900	123100	121700	120900	119900	121950	117277	105845	106747	109935	111936	115929.0
No. of Deaths.												
Enteric ...	1	1	3	2	1	1	2	4	2	11	4	3·1
Small Pox ...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	18	21	6	64	...	14	26	2	35	14	61	24.3
Scarlet Fever	9	2	4	2	3	2	2	...	...	10	23	4·8
Whooping Cough	39	4	22	4	29	10	5	35	28	12	27	17.6
Diphtheria ...	18	6	10	9	13	13	19	13	24	38	36	18.1
Diarrhoea ...	28	25	30	27	70	30	43	42	50	69	88	47·4
Totals ...	113	59	75	108	116	70	97	96	139	154	239	115·3
Zymotic Rate	0.92	0.47	0.61	0·89	0.95	0.57	0.82	0.90	1.30	1.40	2.13	1.00

TABLE IVb.—Cases of Infectious Disease for the Year 1925 classified according to age and sex.

Notifiable Disease.	Under 1 year		1—2		2—3		3—4		4—5		5—10		10—15		15—20		20—25		25—45		45—65		65 and over		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Diphtheria	1	1	3	2	5	4	14	12	11	6	44	44	24	24	3	15	3	6	3	11	...	1	...	...	111	126
Erysipelas	...	1	...	...	...	...	...	...	...	...	3	...	1	2	1	1	1	...	9	9	3	9	1	1	19	23
Scarlet Fever	1	...	4	3	10	9	20	12	15	19	65	78	25	26	9	14	3	8	4	4	...	1	...	...	156	174
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...	1	2
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8	...	...	...	...	...	8
Ophthalmia Neonatorum	7	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	7
Pulmonary Tuberculosis	...	...	...	...	...	...	...	1	1	1	1	5	6	7	5	16	7	12	23	29	13	6	2	...	58	77
Other Forms of Tuberculosis	2	3	3	1	1	2	4	2	...	2	5	4	2	5	2	6	1	3	2	8	...	...	...	...	22	36
Influenzal Pneumonia	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1	...	2	1	4	2	2	2	1	1	11	8
Primary Pneumonia	1	4	5	2	3	1	1	1	1	...	9	3	2	3	4	1	6	1	8	3	8	3	...	1	48	23
Malaria	...	..	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Nil	
Cerebro Spinal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Nil	
Encephalitis Lethargica	...	...	...	...	...		...	...	...	...	...	...	1	...	...	...	...	...	2	...	1	1	...	...	4	1
Acute Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Infective Enteritis	3	3	9	4	5	...	...	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	18	9
Chicken Pox	7	7	7	6	9	10	15	21	46	39	95	101	5	5	1	...	...	...	...	...	...	...	...	...	185	189
Measles	17	21	65	41	59	69	73	82	120	113	232	296	24	44	4	11	1	7	4	7	...	...	...	...	599	691
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Nil	
Not Notifiable :																										
Whooping Cough	20	12	23	18	16	20	32	33	44	33	99	94	...	7	...	...	...	...	...	1	...	...	...	...	234	218

TABLE IVc.

Cases of Infectious Disease notified in 1925 and classified according to Ward distribution.

Notifiable Disease.	Total	St. John's.	Avenham.	Christ Church	Ashton.	Maudland.	St. Peter's.	Moorbrook.	Park.	Trinity.	Deepdale.	Ribbleton.	Fishwick.
Diphtheria	237	23	10	20	11	16	18	18	34	22	16	17	32
Erysipelas	42	5	...	9	5	2	2	3	4	1	4	5	2
Scarlet Fever	330	18	47	46	15	29	36	19	33	30	32	13	12
Enteric Fever	3	...	...	...	...	...	...	1	1	1	...	...	...
Puerperal Fever	8	...	...	1	1	2	...	1	1	...	1	1	...
Ophthalmia Neonatorum	14	2	1	1	1	1	2	1	...	3	...	1	1
Pulmonary Tuberculosis	135	24	8	8	4	12	15	11	15	12	13	6	7
Other Forms of Tuberculosis	58	8	3	4	2	6	5	2	9	8	6	3	2
Influenzal Pneumonia	19	1	...	...	...	2	3	...	2	...	4	6	1
Primary Pneumonia	71	4	2	11	4	6	13	6	11	9	4	...	1
Malaria	1	...	...	...	1	...	...	...	...	...	...	...	...
Dysentery	Nil	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro Spinal Fever	Nil	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica	5	...	1	...	...	...	...	...	2	1	1	...	...
Acute Poliomyelitis	1	...	...	...	1	...	...	...	...	...	...	...	...
Infective Enteritis	27	5	2	15	1	1	...	...	...	3	...	...	...
Chicken Pox	374	52	9	5	15	27	42	28	77	65	33	14	7
Measles	1290	195	100	146	137	89	106	71	152	87	79	73	55
Small Pox	Nil	..	...	...	...	...	...	...	...	...	...	...	...
Not Notifiable : Whooping Cough	452	32	5	35	44	55	13	6	76	75	70	35	6

TABLE IVd.

Cases of Infectious Disease notified in 1925 and classified according to month of occurrence.

Notifiable Disease.	January	February	March	April	May	June	July	August	September	October	November	December	Total
Diphtheria	25	26	26	22	16	20	14	16	19	19	15	19	237
Erysipelas	5	2	5	4	2	3	1	2	2	3	6	7	42
Scarlet Fever	31	24	48	30	46	41	24	11	17	31	13	14	330
Enteric Fever	...	...	...	...	1	1	...	...	...	1	...	...	3
Puerperal Fever	2	2	1	...	...	1	...	...	...	1	1	...	8
Ophthalmia Neonatorum	1	...	1	...	1	3	2	1	2	1	1	1	14
Pulmonary Tuberculosis	6	12	12	17	22	6	8	10	4	14	11	13	135
Other Forms of Tuberculosis	2	9	10	5	4	5	3	5	3	8	4	...	58
Influenzal Pneumonia	3	5	4	1	...	2	1	...	...	1		2	19
Primary Pneumonia	4	5	5	1	10	4	7	1	4	7	11	12	71
Malaria	...	...	...	...	...	...	...	1	...	...	...	...	1
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	Nil
Cerebro Spinal Fever	...	...	...	...	...	...	...	...	...	...	...	...	Nil
Encephalitis Lethargica	...	2	1	...	1	...	...	...	...	1	...	...	5
Acute Poliomyelitis	...	1	...	.	...	...	...	...	...	...	...	...	1
Infective Enteritis	...	...	...	...	...	3	6	11	7	...	...	...	27
Chicken Pox	17	5	26	13	29	26	15	12	10	13	77	81	374
Measles	392	115	99	77	152	213	107	27	18	25	38	27	1290
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...
Not Notifiable: Whooping Cough	44	53	46	58	80	93	14	15	9	22	8	10	452

ENTERIC FEVER.

	1925.	1924.	1923.	1922.
No. of cases notified	3	18	16	10
No. of deaths	1	1	3	2
Case incidence per 1,000 population.	0.024	0.14	0.13	0.083
Mortality per 1,000 population ...	0.008	0.008	0.02	0.016
Morbidity per cent. of cases notified.	33.3	5.5	18.75	20.00

Three cases of Enteric Fever were notified in 1925, as compared with 18 in 1924 and 17 in 1923. Of the three cases, two were proved by Bacteriological and Serological tests to have the disease. Of the true cases one occurred in June and the other in September, they were both young women in the early twenties and were both engaged in different departments of the English Electric Company's Works. In neither instance was the source of the disease traced.

SCARLET FEVER.

	1925.	1924.	1923.	1922.
No. of cases notified	330	219	223	226
No. of deaths	9	2	4	2
Case incidence per 1,000 population.	2.68	1.77	1.83	1.87
Mortality per 1,000 population ...	0.073	0.016	0.032	0.016
Morbidity per cent. of cases notified.	2.73	0.9	1.8	0.88

Notifications were received relating to 330 cases of Scarlet Fever. This is considerably in excess of the number notified in recent years. The type of the disease was slightly more severe than the mild kind we have been accustomed to recently. The morbidity among the cases notified was three times higher than last year's experience and although the number of deaths (nine) is not excessively high, it is necessary to go back to 1916 to find a year of similar severity. The epidemic began in the Autumn of 1924, and the number of cases reported gradually increased until the peak was reached in May and June, 1925. A rapid decline was witnessed in July from which time until the end of the year the number of cases fell to about two per week.

The maintenance of this disease seems to depend upon the presence of the chronic carrier case and the mild unrecognised case.

In May and June, 34 primary cases and seven secondary cases arose in 11 streets in Christ Church and Avenham Wards. These cases had a close time and place association.

The enquiries made by the Sanitary Inspector shewed that the milk supply was a common factor and enquiries made by the Medical Officer of Health of the Preston Rural District shewed that a member of the family of the farmer producing the milk had suffered from an illness which was possibly, but not proved to have been, Scarlet Fever in a mild form. The patient had followed his occupation as farm labourer, including milking the cows, during the whole illness. Suitable precautions were taken by the Rural Medical Officer of Health and the epidemic ceased.

Eighty-one per cent. of the children were removed to the Isolation Hospital, compared with 86 per cent. in 1924, and 84 per cent. in 1923. Seven children died of the disease in the Hospital and two at home.

DIPHTHERIA.

	1925.	1924.	1923.	1922.
No. of cases notified	237	131	144	153
No. of deaths	18	6	10	9
Case incidence per 1,000 population.	1.93	1.14	1.183	1.26
Mortality per 1,000 population ...	0.014	0.05	0.c8	0.074
Morbidity per cent. of cases notified.	7.59	4.58	7.00	5.88

There was a large increase in the number of cases of Diphtheria reported which has followed a very perceptible diminution during the last five years. The cases were spread over the whole year with an excess in the early part of the year. A large proportion of the children were aged five to ten years, the sexes were fairly equally represented. Park Ward was the most heavily infected. One hundred and ninety-eight of the cases or 83 per cent. were removed to Hospital, as compared with 88 per cent. in 1924, and 78 per cent. in 1923. There were 18 deaths, of which 16 took place in the Isolation Hospital. This number is higher than that obtained in recent years, but is not greater than the average. Delay in seeking medical advice until a late stage of the disease is the great stumbling block in the way of reducing the mortality from this condition.

MEASLES.

The epidemic of Measles which began in June of 1924 and continued with a slight remission in August and September, reached its height in December of that year. It continued in a severe form during January and moderated during the succeeding months with a marked increase in June of 1925, and rapidly declined during the remaining part of the year. Each ward of the town was more or less equally affected. As usual, the principal sufferers were between five and ten years old. Thirteen severe cases were removed to Hospital.

Sixteen cases were nursed at home by a Nurse sent by the Department.

There were 18 deaths from Measles. 13 boys and five girls. Three of them occurred in infancy, eight in the second year of life and seven between two and five years of age. Two of the deaths occurred in the Isolation Hospital.

I have written frequently of the severe effect on the Infant Mortality of an epidemic of Measles and find it difficult to say anything fresh.

It is necessary however to state that, in my opinion, these remedial measures, i.e., advice by the Health Visitors, removal of cases to the Hospital, provision of domestic nursing, the provision of milk and other necessities have materially contributed to the diminished mortality from this disease. It is of interest to note that 982 or 76 per cent. of the cases were notified by Medical Practitioners, as compared with 58 per cent. last year, 54 or 4 per cent. by the parents, compared with 6 per cent. last year, 133 or 10 per cent. by the School Teachers, compared with 17 per cent. last year, and 121 or 10 per cent. were discovered by the Health Visitors occurring either as primary or secondary cases, compared with 17 per cent. last year.

SMALL POX.

The epidemic of mild Small Pox, more particularly in Derbyshire, South Yorkshire and the coal mining and mineral area on the North-East Coast, has continued throughout the year. There has been no case of Small Pox reported in Preston or the neighbourhood.

The following figures have been supplied by the Clerk to the Preston Guardians :—

Vaccination.

	1922.	1923.	1924.
No. of Births	2,509	2,474	2,286
Vaccinated successfully	1,434	1,476	1,419
Unsusceptible	5	4	12
Conscientious objectors' refusals	638	553	511
Died unvaccinated	172	185	182
Postponements	143	49	33
Removals to other Districts	...	...	108
Unaccounted for	117	207	121

With regard to the provision of an Isolation Hospital for the treatment of Small Pox. In the House of Commons on April 21st, 1926, Mr. Neville Chamberlain presented the Ministry of Health Provisional Orders (5) Bill confirming certain provisional orders relating to Preston and Garstang Joint Small Pox Hospital District and it was read a first time.

INFLUENZA.

The great part played by Influenza in our Vital Statistics may be illustrated by the following summary, in which deaths due to Bronchitis and Pneumonia are also included :—

	No. of deaths caused by		
	Influenza.	Bronchitis.	Pneumonia.
1916	37	150	173
1917	31	160	176
1918	391	151	210
1919	166	183	168
1920	37	154	153
1921	32	118	139
1922	85	151	151
1923	54	161	189
1924	89	160	175
1925	59	143	175
Average	98.1	153.1	170.9

Influenzal Pneumonia and Primary Pneumonia are notifiable diseases, but the number brought to the notice of the Department is disappointingly small. Thus the total deaths from Pneumonia and Influenza were 234, while the notifications amounted to 90 only. As I have previously said, it is highly probable that the failure to notify is due to the knowledge that there is no adequate Nursing Service available.

As in 1922 and 1924, a Spring epidemic of moderately severe Influenza caused a considerable number of deaths in the town. In January and February together there were 30 deaths, and in March there were seven. The total number of deaths was 59, as compared with 89 in 1924 and 52 in 1923. There was no distinction as to sexes, and the disease seemed to be spread equally over the town. The number of deaths from Bronchitis and Pneumonia seemed not to have been affected by the presence of the disease in epidemic form, and to be very near the decennial average.

TABLE IVE.

Ward and Month of Incidence of Deaths from Influenza in 1925.

WARD.	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total
St. John's	1	3	...	...	...	...	...	1	...	...	...	...	5
Avenham ...	1	2	1	1	...	...	...	...	...	...	...	...	5
Christ Church	...	...	...	...	...	1	...	...	...	...	...	1	2
Ashton ...	...	...	...	1	...	...	...	...	...	...	...	1	2
Maudland ...	4	1	1	...	...	1	...	...	...	...	...	1	8
St. Peter's	1	2	1	...	...	...	...	...	...	...	...	...	4
Moorbrook	3	1	...	...	1	...	...	...	...	...	1	1	7
Park ...	1	1	...	1	...	...	...	...	...	...	...	1	4
Trinity ...	1	1	1	...	...	...	...	...	...	...	1	...	4
Deepdale ...	1	...	...	...	...	1	...	...	...	2	...	...	4
Ribbleton ...	1	3	2	...	...	2	1	...	...	1	...	...	10
Fishwick ...	...	2	1	...	...	...	1	...	...	...	...	...	4
Totals	14	16	7	3	1	5	2	1	...	3	2	5	59

WHOOPING COUGH.

Whooping Cough was present in epidemic form during the year, 452 cases came to the knowledge of the Department causing 39 deaths, the highest number since 1912 when 42 deaths occurred from this cause. The cases were notified mainly by the Head Teachers of the Schools and a good number were discovered as secondary cases by the Health Visitors during their visits to the homes. Three hundred and forty-four cases or 76 per cent. were primary, 80 or 18 per cent. were second cases occurring in the same house during this epidemic, 24 or 5 per cent. were third cases, three were fourth cases and one child represented the fifth in the family to become infected. The great bulk of the cases (374) occurred in the first half of the year. The epidemic reached its apex with 93 cases in June. The brunt of the epidemic appears to have been borne by the central part of the town, Park and Trinity Wards receiving the heaviest infection with 76 and 75 cases respectively. Deepdale was also heavily infected with 70 cases. All ages of childhood were infected, the fourth and fifth year especially so, perhaps due to the fact that these are the years of entry into school. The death rate is especially borne by children under five years of age, 17 infants died, ten children aged one to two years of age and 12 children aged two to five years of age. The younger children died of either convulsions or of secondary infections of the lung, such as Broncho Pneumonia, and those over the age of infancy died of secondary infections, i.e., Broncho Pneumonia.

Illustrating the amount of care taken, 57 or 12 per cent. of the children only were isolated during the infective period of one month. Among the children who have recovered there are many who will come again under the notice of the Health Committee for Pulmonary Tuberculosis and the National Health Insurance Committee for failures of health, the seeds of which were sown by this dangerous and distressing malady.

CHICKEN POX.

Three hundred and seventy-four cases of Chicken Pox were notified, a number slightly in excess of those notified in 1924. The disease was spread out over the whole year infecting all wards, especially St. Johns, St. Peters, Park and Trinity. Children just about to enter school bore the brunt of the infection. The disease caused no mortality and was of a mild character. Each case notified is visited by a member of the Staff and unless a Doctor is in attendance, examined from the point of view of establishing the diagnosis. Thirty-eight per cent. of the cases were notified by Doctors, 40 per cent. by School Teachers, 5 per cent. by the parents, and the remainder, 17 per cent., were discovered by Health Visitors. Twelve per cent. were properly isolated during the infective period, 76 per cent. of the children were vaccinated, 81 per cent. were primary cases in the household, 17 per cent. were secondary, and 2 per cent. were third cases.

EPIDEMIC DIARRHŒA.

During the year there were 29 deaths caused by this disease, of which 27 were those of infants. Twenty-seven cases only were notified, none of which were fatal. It is apparent that the milder cases only received notification. All the infant cases were visited and assistance given in carrying out the treatment prescribed. Fifteen of the 27 cases were notified in Christ Church Ward and five in St. John's Ward. They were brought to our notice in the four months June to September. The deaths were spread evenly over the winter and spring of the year with an excess in the summer months, 21 occurring in the four months July to October.

As to the part played by the lack of domestic hygiene and the consequent fly infection of milk and food generally, it is of interest to recall the remarks made by the late Sir Robert Charles Brown in his report as House Surgeon to the Governors of the Preston Dispensary at their Annual Meeting in 1860; he said:

"Anyone who has lived long in Preston cannot fail to be struck on taking a walk through the back parts of the town with the great improvements which have been made in the paving and draining of the streets, but on entering the dwelling-houses of the poor his amazement will be still greater, that, notwithstanding so much progress outside the houses so little advancement has been made within them. The habitations of the bulk of our labouring poor, and the nurseries of their children are dirty, ill-ventilated, overcrowded apartments. As a class, too, the poor are quite ignorant of housekeeping and cookery, and our wonder at this is diminished when we consider the way in which the wife of the working man, who is the housekeeper and cook of the family, is brought up. At the age of eight years she begins to spend part of her day in the factory and the other part in a school. At 13 the whole of the day is occupied in a factory. At an early age she is married, and in time has to undertake the cares and responsibilities of a family, without having previously acquired any knowledge of housekeeping or cookery."

While we have made immense progress since this 66 year old picture was drawn, there still remains an immense amount of dirt, ill-ventilation, overcrowding, and bad housekeeping.

TUBERCULOSIS, 1925.

By Dr. James Walker.

(1) INCIDENCE OF THE DISEASE.

In the year under review the total number of cases of Tuberculosis (all forms) notified in Preston was 193. This is a considerable decrease as compared with the previous year, when 232 cases were notified, and is the lowest recorded figure for the Borough since notification commenced in 1913.

The above figure gives a notification rate of 1.57 per 1,000 of the population. Of this rate the pulmonary form of the disease is responsible for 1.09, and the non-pulmonary forms for .48 per 1,000.

The following table shows the number of notifications received in Preston during the last eight years.

TABLE IVF.

Year	Notifications.—Preston.		
	Pulmonary	Non-Pulmonary	Total
1918	238	22	260
1919	281	25	306
1920	246	60	306
1921	166	52	218
1922	191	46	237
1923	163	45	208
1924	184	48	232
1925	135	58	193

In Chart 1 are shown for purposes of comparison the notification rates of Tuberculosis in Preston and in England and Wales during the last ten years.

The chart illustrates the gradual diminution in the incidence of the disease and shows that the fall is as marked in Preston as in the country as a whole.

The following three tables deal with the age and sex distribution of the notified cases (primary notifications on Form A), the relative incidence in the different wards of the Borough, and the occupations in age and sex groups.

It is to be noted that the decrease in the notifications occurs entirely among the male pulmonary cases, which are less than in the previous year by nearly 50 per cent. The only increase is among the female non-pulmonary cases.

It will be observed from the Ward table that, as usual, the highest incidence of the disease continues to occur in those parts of the town where the environmental conditions are of the worst type.

TABLE IVg.

Summary of Notifications during the Year 1925.

	Notifications on Form A.											
Age periods	0.1.	1–5	5–10	10–15	15–20	20–25	25–35	35–45	45–55	55–65	65–	Total
Pulmonary Males	...	1	1	6	5	7	9	14	13	...	2	58
,, Females	...	2	5	7	16	12	23	6	5	1	...	77
Non-Pulmonary Males	2	8	5	2	2	1	2	...	...	...	..	22
,, Females	3	7	4	5	6	3	5	3	...	...	...	36

TABLE IVh.

Ward Incidence of Tuberculosis.

WARD	Number of Notified Cases.			Incidence Rate per 1000 of the population.
	Males	Females	Total	
Avenham	5	6	11	1.49
Trinity	8	12	20	1.99
Deepdale	8	11	19	1.62
Fishwick	3	6	9	1.16
St. Peter's	8	12	20	1.68
Ashton	2	4	6	0.65
St. John's	14	18	32	2.65
Moor Brook	2	11	13	1.43
Park	13	11	24	1.59
Maudland	6	12	18	1.80
Christ Church	6	6	12	1.36
Ribbleton	5	4	9	0.91
TOTALS ...	80	113	193	1.57

TABLE IVi.

Occupation in age and sex groups of notified cases of Tuberculosis in 1925.

Occupation		0–1	1–5	5–10	10–15	15–20	20–25	25–30	30–35	35–40	40–45	45–50	50–55	55–60	60–65	65–	Totals
Under School Age	M	3	8	...	...	...	...	...	...	...	...	...	...	...	...	...	11
	F	4	8	...	...	...	...	...	...	...	...	...	...	...	...	...	12
School Children	M	...	...	6	8	...	...	...	...	...	...	...	...	...	...	...	14
	F	...	...	9	12	...	...	...	...	...	...	...	...	...	...	...	21
Domestic Duties	F	...	...	...	...	2	...	3	2	3	...	1	...	...	...	...	11
Cotton Mill Operatives	M	...	...	...	...	5	2	2	...	...	1	1	...	...	...	...	11
	F	...	...	...	...	14	7	4	7	...	1	1	...	...	...	...	34
Labourers	M	...	...	...	...	...	1	1	1	2	1	4	...	...	...	...	10
Clerks	M	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
	F	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	2
Shop Assistants	M	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
	F	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	2
Engineers		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
and Mechanics	M	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	2
Iron Workers	M	...	...	...	...	1	...	...	...	1	...	...	1	...	...	...	3
Rubber Workers	M	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...
Electrical Workers	M	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	3
Wood Workers	M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Occupations	M	...	...	...	...	...	3	2	4	5	2	4	1	...	...	2	23
	F	...	...	...	...	5	3	2	2	...	..	...	..	...	...	...	12
No Occupation	M	...	...	...	...	...	1	...	1	...	..	2	...	...	...	...	4
	F	...	...	...	...	1	...	3	3	3	2	1	2	...	1	...	16
Totals	M	3	8	6	8	7	8	5	6	8	6	11	2	...	...	2	80
	F	4	8	9	12	22	15	14	14	6	3	3	2	...	1	...	113

(2) DEATHS.

During 1925 the number of deaths registered in Preston as due to Tuberculosis (all forms) was 144. This shows a slight increase over the previous year when the figure was 139.

Of the total deaths from Tuberculosis, 97 were due to the pulmonary form and 47 were caused by other forms of the disease. Thus out of the total deaths in the Borough one in every twelve was due to Tuberculosis in some form or other, while the death rate from this disease was 1.17 per 1,000 of the population. The pulmonary form was responsible for a death rate of .79 per 1,000, while other forms of the disease caused a rate of .38 per 1,000.

The age and sex distribution of these deaths is shown in the following table and Chart 2 compares the Tuberculosis death rate of Preston with that of England and Wales during the past ten years.

TABLE IVj.

Cause of Death.	Sex	All Ages	0—1	1—2	2—5	5–15	15–25	25–45	45–65	65-75	75 and over
Pulmonary Tuberculosis ...	M	49	...	...	...	1	6	26	13	3	...
	F	48	...	1	...	2	16	19	7	3	...
Other Tuberculous Diseases...	M	20	4	3	7	2	2	1	1	...	...
	F	27	3	6	4	7	2	3	1	1	...

(3) PROGRESS OF THE CORPORATION'S SCHEME.

The chief feature in the development of the Corporation's scheme during the year has been the commencement of building the new pavilion at the "Chestnuts." References have been made in previous reports to the necessity of increased and better accommodation and there is no need to enlarge upon that aspect of the question here.

Work on the new building was started in September and the foundation stone was laid by Councillor R. Durham, Esq., Chairman of the Health Committee, on October 8th, 1925. Since then the work has proceeded satisfactorily and it is anticipated that the pavilion will be ready for the reception of patients by the middle of 1926. There will then be accommodation for 30 patients, 13 male and 17 female.

There is no doubt that the completion of this extension will greatly facilitate the task of dealing with a difficult phase of anti-tuberculosis work. Hitherto one of the main defects of the scheme has been the inability to deal adequately with the segregation of highly infectious cases.

Of minor developments of the scheme mention must be made of increased facilities for the treatment of cases of non-pulmonary Tuberculosis. Four additional beds, two for acute and two for chronic cases, are now available for dealing with these cases.

There have been no administrative changes in the Dispensary Organisation during the year. The number of beds available to the Corporation at the various institutions for the treatment of Tuberculosis has, with the exceptions referred to above, remained the same.

The average number of these beds at the end of 1925 was 58, distributed as follows :—

Crossley Sanatorium,	Cheshire	7 adults	Pulmonary cases
Bowdon ,,	,,	5 ,, 3 children	,,
Meathop ,,	Grange	6 ,,	,,
Eastby ,,	Yorkshire	4 children	,,
Freshfield ,,	Southport	6 children	,,
"The Chestnuts,"	Preston	13 adults, 4 children	,,
Heswall Institution	Cheshire	4 children	Non-Pulmonary cases
Shropshire Orthopædic Hospital	Oswestry	2 adults	,, ,,
Royal Infirmary	Preston	4 adults or children	(acute surgical cases)

(4) WORK DONE DURING THE YEAR.

The following is a summary of the work carried out during the year under the Dispensary Organisation :—

(a) At the Dispensary.

During the year 352 new patients were examined by the Tuberculosis Officer, either at the Dispensary or at their own homes.

Old patients made 2,864 attendances at the Dispensary for treatment, reports or observation purposes.

Of the new patients, 142 were diagnosed as suffering definitely from Tuberculosis in some form or other, 103 from pulmonary and 39 from non-pulmonary Tuberculosis.

The pulmonary cases were classified according to the stage of the disease as follows :—

Stage 1	67
Stage 2	34
Stage 3	2

In the non-pulmonary cases the disease affected the different tissues of the body as follows :—

Lymphatic Glands	17
Bones and Joints	7
Abdomen (peritoneum, mesenteric glands) ...	7
Other Organs (skin, internal organs, etc.) ...	8

Details of the work done in the Bacteriological Laboratory will be found in another part of the report.

(b) WORK OF THE TUBERCULOSIS NURSES.

The nurses (two in number) have made 167 visits to the homes of new patients and 3,031 re-visits to those of old patients.

The following table compiled from the Nurses' House Reports deals with the number of persons in infected houses. The figures above the heavy line show the number of families where there were more than two persons per room—they number eight families, consisting of 51 persons.

TABLE IVk.

No. of Rooms in Infected Houses.	Number of Persons.												TOTAL.	
	1	2	3	4	5	6	7	8	9	10	11	12		
	Number of Families.												Houses	Occupants.
1 Room ...	...	1	1	2	...	...	...	...	...	...	...	...	4	13
2 Rooms ...	...	...	1	...	...	...	...	1	...	...	...	...	2	11
3 Rooms ...	...	5	6	10	7	3	3	...	...	...	...	...	34	142
4 Rooms ...	...	3	13	10	17	10	6	1	...	...	1	...	61	291
5 Rooms ...	1	1	4	8	17	14	7	6	2	2	...	...	62	351
6 Rooms ...	...	...	...	1	1	2	1	1	...	...	...	1	7	48
7 and over ...	...	...	...	...	...	1	...	...	...	...	...	...	1	6
Families ...	1	10	25	31	42	30	17	9	2	2	1	1	171	...
Persons ...	1	20	75	124	210	180	119	72	18	20	11	12	...	862

(c) RESIDENTIAL TREATMENT.

The following table shows the number of patients who received institutional treatment during the year, the institutions to which they were admitted, and the average duration of stay in each institution.

TABLE IVL.

Institution.	Males	Females	Total Cases	Average duration of stay weeks	Average duration of stay days
Crossley Sanatorium ..	15	16	31	11	...
Meathop ,, .	30	..	30	10	...
Bowdon ,, ...	...	33	33	10	5
Eastby ,, ..	13	...	13	14	6
Freshfield ,, ...	6	11	17	14	3
"The Chestnuts" ,, ...	16	35	51	16	5
Heswall Institution ..	2	4	6	32	4
Preston Royal Infirmary	14	13	27	8	1
Shropshire Orthopædic Hospital ...	2	1	3	5	2
TOTALS ...	98	113	211	12	6

There were thus 211 cases that received residential treatment during the year, of these 71 were children under the age of 14 years.

WORK DONE IN BACTERIOLOGICAL LABORATORY DURING 1925.

The following is the number of specimens examined during the year:—

Specimens of sputum examined for Tubercle Bacilli ...	427
Throat Swabs examined for Diphtheria Bacilli	1,552
Other miscellaneous specimens	6
	1,985

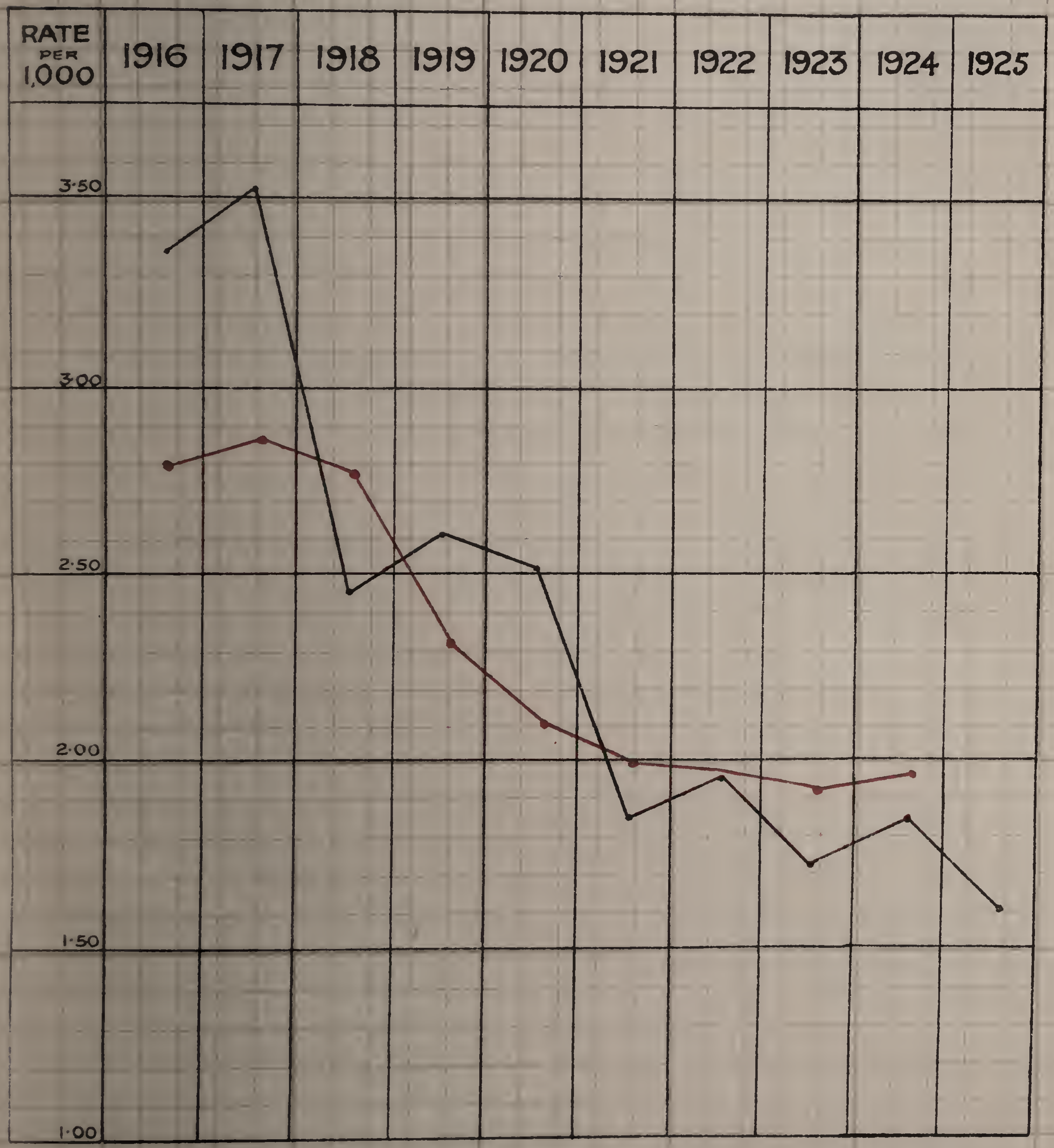
VENEREAL DISEASES.

Dr. W. H. Pimblett, the Medical Officer in charge of the arrangements, reports as follows:—

	1925.	1924.	Difference.
Total New Cases	508	456	+52
Total Attendances at Clinic ...	13325	5423	+7902
,, ,, Males ...	3854	3646	+208
,, ,, Females ...	2423	1777	+646
Intermediate Attendances—			
Males	6426		
Females	622		

CHART 1.

NOTIFICATION RATES OF TUBERCULOSIS (ALL FORMS)
FOR ENGLAND AND WALES AND FOR PRESTON 1916.-1925.

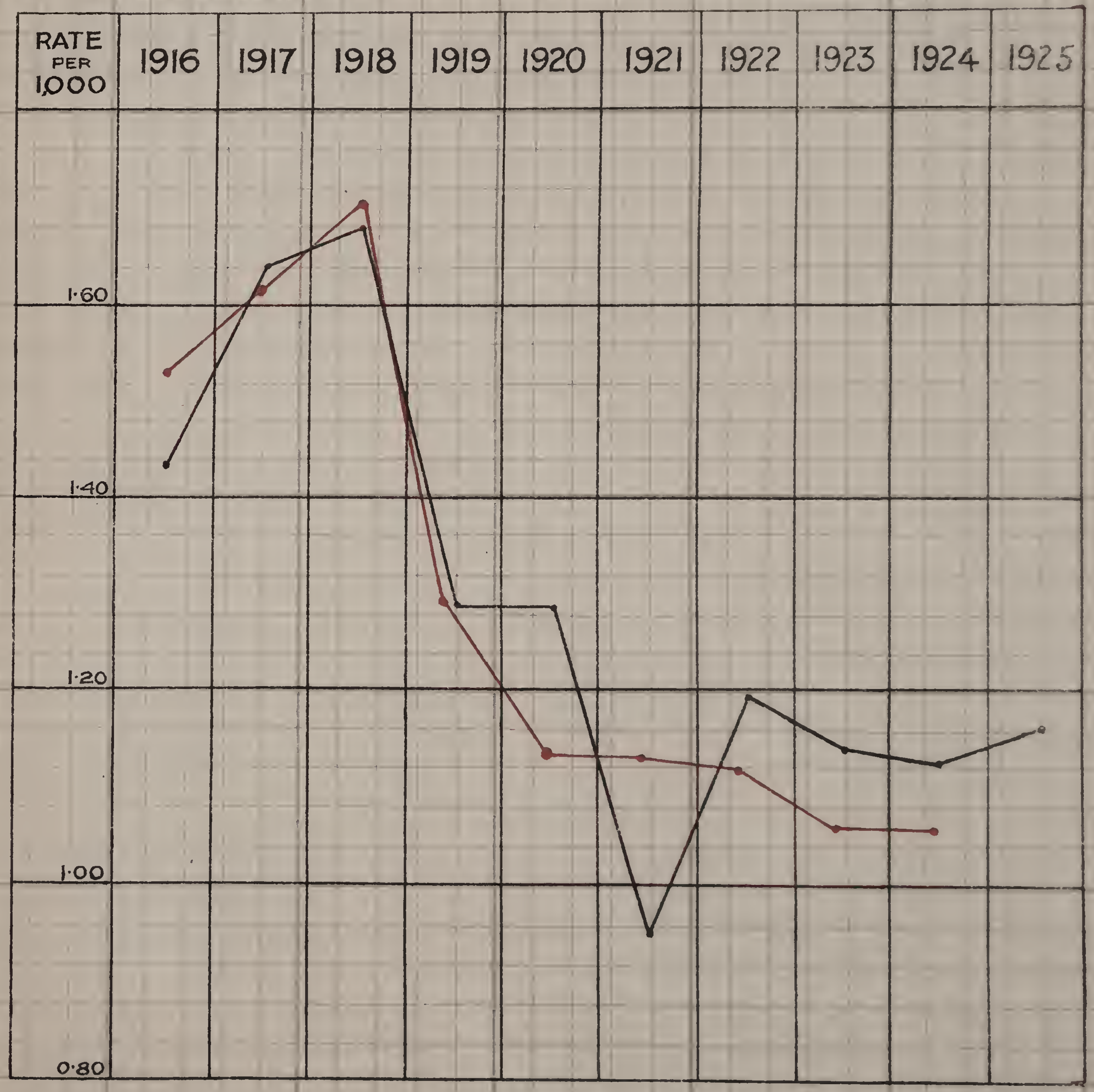


PRESTON RATE SHOWN THUS ————

RATE FOR ENGLAND AND WALES SHOWN THUS ————

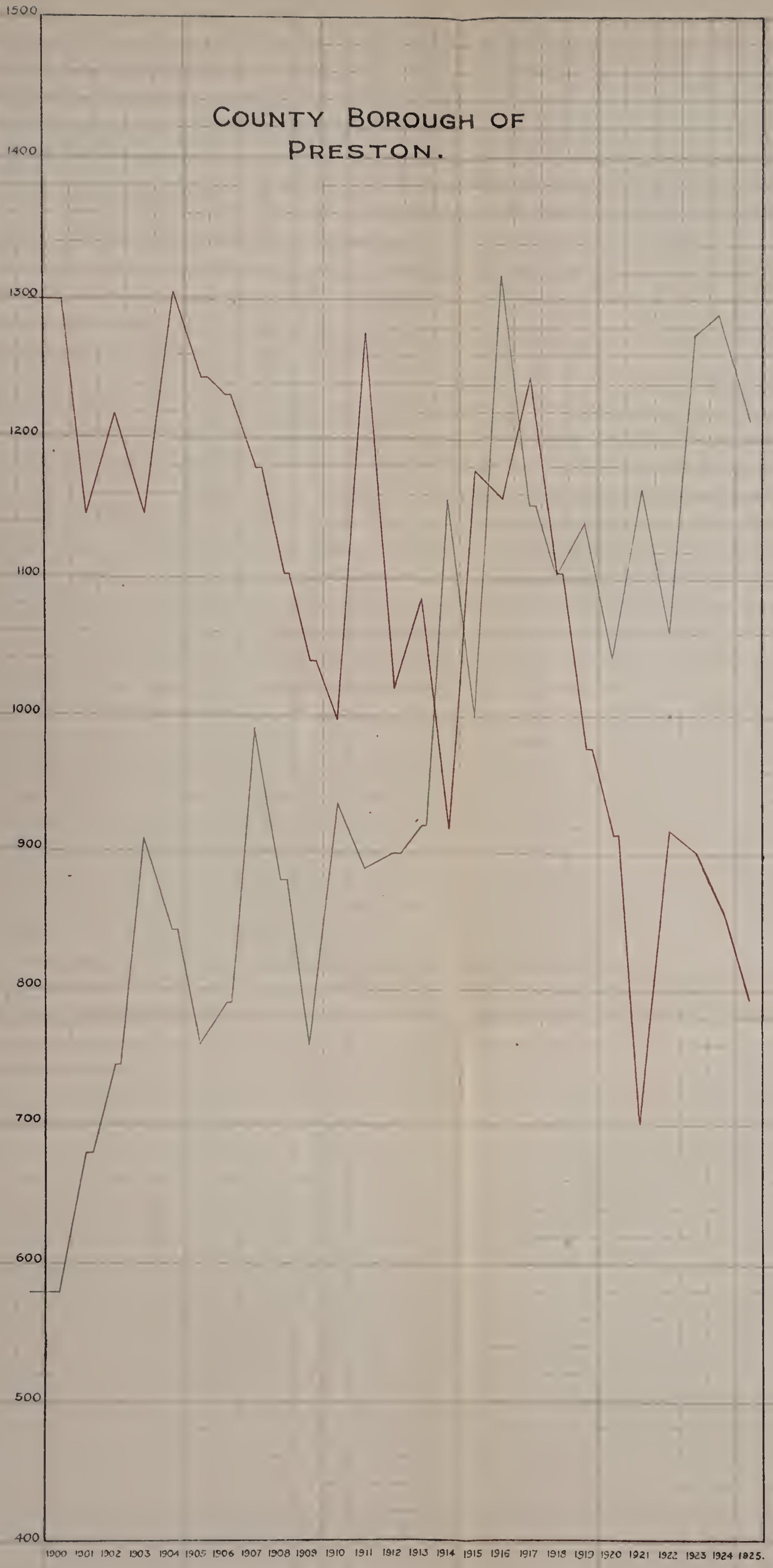
CHART 2.

DEATH RATES FROM TUBERCULOSIS (ALL FORMS).
FOR ENGLAND AND WALES AND FOR PRESTON 1916 -1925.



PRESTON RATE SHOWN THUS ————

RATE FOR ENGLAND AND WALES SHOWN THUS ————



MORTALITY PER MILLION FROM PULMONARY TUBERCULOSIS AND CANCER.

PULMONARY TUBERCULOSIS —— RED

CANCER —— GREEN

ARRANGEMENTS AND TIME TABLE.

Clinics—	
Tuesday—Females	4-30 to 7-0 p.m.
Wednesday—Males	4-30 to 7-30 p.m.
Friday—Males	4-30 to 7-0 p.m.
Intermediate Treatment for Gonorrhoea—	
Friday—Females...	2-0 to 4-0 p.m.
Males—Every day (except Sunday)—	
Morning	8-30 to 9-30
Evening	5-0 to 7-0

The new departments were opened on January 14th, 1925, with a full and up-to-date equipment giving facilities for diagnosis and treatment equal to any in the country, and the attendances at once showed a large and gratifying increase.

The Medical Officer of the Maternity and Child Welfare Centres of the Corporation now attends the Female Department as Clinical Assistant with special reference to the local treatment of Gonorrhoea, and with very satisfactory results.

The work of combating Venereal Disease is progressing, but the medical side, although of vast and profound importance—as, indeed, must be the medical side in connection with meeting and opposing every disease—although it is of vast importance, it is not of exclusive importance. There is no disease—perhaps no group of diseases—in which medical, social, and moral problems are so closely, so inextricably interwoven. No mere medical attack on Venereal Disease will ever of itself achieve victory. A medical attack must form an integral part of any campaign directed against Venereal Disease, but there must be other sides as well. There is a very close connection between the level of the standards of sexual morality and the conditions of housing, the conditions for recreation, and the conditions of life generally.

With this group of diseases, we must never forget that the attack on them, as such, and on the organisms which cause them, must be medical and scientific.

It is essential that Venereal Diseases should be recognised by public opinion as sharing, with Cancer, Tuberculosis, and Infant Mortality, a position of prime importance in the public health policy of the country.

In the present state of medical knowledge it is unnecessary for any child to be born syphilitic, provided diagnosis is made sufficiently early during the pregnancy of the mother. It will also be understood that in these days of effective treatment, but few of the infants suffering from ophthalmia entirely lose their sight.

The success of the voluntary treatment scheme is dependent on the persistence with which medical treatment is offered to those likely, or known to be infected and treatment facilities should be provided under conditions which the individuals concerned are willing to accept.

HEALTH WEEK.

Health Week was held during the week October 25th to 30th. Meetings were held in the Princes Theatre, the Public Hall, and various Schools. Addresses were given by Mr. T. Bowen Partington on Venereal Diseases and other subjects of Public Health interest. The meetings were well attended.

TABLE IVm.

RETURN relating to all persons who were treated at the Treatment Centre at Preston Royal Infirmary during the Year ended 31st December, 1925.

	Syphilis		Soft Chancre		Gonorrhœa		Conditions other than Venereal		TOTAL	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
1. Number of persons who, on the 1st January, 1925, were under treatment or observation for :—	168	148	...	...	105	28	...	...	273	176
2(a). Number of cases dealt with at the Treatment Centre during the year **for the first time.**	104	59	...	...	136	51	100	58	340	168
Total—Items 1 and 2(a)	272	207	...	...	235	79	100	58	607	344
2(b). Number of persons included in Item 2(a) known to have received **previous treatment at other Centres** for the same infection	11	3	...	...	2	1	...	...	13	4
3. Number of persons who ceased to attend the out-patient Clinic										
(a) before completing the first course of treatment for	32	9	...	...	...	1	...	...	32	10
(b) after one or more courses but before completion of treatment for	29	16	...	...	...	...	...	...	29	16
(c) after completion of treatment, but before final tests as to cure of	...	...	...	...	...	...	...	...	...	...
4. Number of persons transferred to other Treatment Centres after treatment for	28	5	...	...	3	1	...	...	31	6
5. Number of persons discharged from the out-patient Clinic after completion of treatment and observation for	47	35	...	...	98	26	100	58	245	119
6. Number of persons who, on the 1st January, 1926 were under treatment or observation for :—	136	142	...	...	134	51	...	...	270	193
Total—Items **3, 4, 5 and 6**	272	207	...	...	235	79	100	58	607	344
7. Out-patient attendances :—										
(a) For individual attention by the Medical Officer ...	2156	1391	...	...	1441	856	257	176	3854	2423
(b) For intermediate treatment, e.g., irrigation, dressings, etc.	...	...	...	...	6426	622	...	...	...	...

Total Attendances ... 13,325

8. Aggregate number of " In-patient days " of treatment given to persons who were suffering from :—	...	...	...	...	...	...	...	...	...	...

9. Examination of Pathological material :—	For detection of			For Wassermann Reaction
	Spirochetes	Gonococci	Other Organisms	
(a) Specimens which were examined at, and by the Medical Officer of, the Treatment Centre	9	273	Nil.	Nil.
(b) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory	...	...	...	551

TABLE IVN.

Statement showing the services rendered at the Treatment Centre at the Preston Royal Infirmary during the Year, classified according to the areas in which the patients resided.

	Preston	County of Lancs.	Black-burn	Black-pool	Liverpool	Wigan	Manches-ter			Total
A. Number of persons from each area dealt with during the year at or in connection with the out-patient Clinic **for the first time** and found to be suffering from :—										
Syphilis	118	41	...	1	2	1	...			163
Soft Chancre	...	...	...	...	...	...	...			...
Gonorrhœa	131	52	...	1	1	...	2			187
Conditions other than venereal	116	42	...	...	...	...	...			158
Total	365	133	...	2	3	1	2			508
B. Total number of attendances at the out-patient Clinic of all patients residing in each area	9794	3413	43	17	21	19	18			13325
C. Aggregate number of "In-patient days" of all patients residing in each area	...	...	...	...	...	...	...			...
D. Number of doses of Salvarsan substitutes given in the										
1. Out-patient Clinic										
Novarsenobillon .45	379	145	11	2	2	4	...			543
.6	505	235	2	7	3	...	...			752
.75	35	31	...	...	...	7	...			73
Hg.	949	340	15	8	8	13	...			1333
Other Medicines	819	478	6	1	10	2	10			1326
2. In-Patient Department to patients residing in each area	...	...	...	...	...	...	..			...

E. Give the names of arsenobenzol compounds used in the treatment of syphilis and the usual initial and final doses	N.A.B. .45. Neo.K. .45. Stabilarsan .45. Silver Salvarsan .15. Initial doses. N.A.B. .75. Neo.K. .75. Stabilarsan .75. Silver Salvarsan .30. Final doses.
F. State the amount and kind of treatment usually administered to a case of Syphilis of each of the types usually dealt with at the Treatment Centre	(1) Primary cases with negative Wasserman. (See St. Thomas' Hospital Gazette). (a) Course A. (b) No treatment for five weeks. (c) Pot. Iod. for three weeks. (d) Course A. (2) Primary cases with positive Wasserman and Secondary cases. (a) As indicated above (a) to (d). (b) No treatment for ten weeks. (c) Pot. Iod. for three weeks. (d) Course C. (3) Cases which are later than Secondary. (a) Course B. (b) Three weeks Pot. Iod. (c) No treatment for ten weeks. (d) Course C. (e) Three weeks Pot. Iod. (f) Repeat (c) to (e) twice. (g) No treatment for sixteen weeks. (h) Course C. (i) Three weeks Pot. Iod. (k) No treatment for eighteen weeks. (l) Course C. (4) Syphilis of the Nervous System. (a) Course D, preferably employing Bismuth. (b) Three weeks Pot. Iod. (c) No treatment for three weeks. (d) Repeat (a) and (b). (e) No treatment for eight weeks. (f) Repeat (a) and (b). (g) No treatment for twelve weeks. (h) Repeat (a) and (b). (i) No treatment for fourteen weeks. (k) Repeat (a) and (b).
G. State the nature of tests applied in deciding as to discharge of patients referred to in Item 5 on previous page	(1) Primary infection with negative Wasserman. Two years' observation from starting of treatment. A Wasserman being taken every three, and later every six months. (2) Primary infection with Pot. Wasserman and Secondary cases. Two years' freedom from all signs of disease after suspension of all medical treatment, a Wasserman being taken every three, and later every six months, Provocative N.A.B. or Neo.K. being used as considered necessary. (1) Gonorrhoea—Males. Resume usual habits, food and exercise. Full sized Bougies. Instillation A.G.N.O. 3 gr. v to ℥i Palpation over metal Bougies. Micro. examination of films, of threads, and centrifugal deposits. Massage of prostate and seminal vesicles, films being made of any secretion. (2) Gonorrhoea—Females. Resume usual habits, food and exercise. 15 p.c. AgNO 3 to cervical canal. Urethral palpation. Any discharge from vagina and cervix examined c Ferguson's speculum.

V.—Maternity and Child Welfare.

The number of children born (2,174) and the Birth Rate which was 17.69 per 1,000 living continued the decline which has been apparent since 1920. Of the 2,174 births, 1,087 were males and 1,087 females; 2,088 were legitimate and 86 illegitimate. The percentage of illegitimate births was 4.1. This proportion has gradually declined since 1918 and has now reached the pre-war figure.

The number of infant deaths was 286; of these 157 were males and 129 females. Deaths among legitimate children numbered 273, and illegitimate children 13. The death rate per 1,000 born was 131, the highest figure since 1915.

The Birth Rate and Infant Mortality Rate are given in detail in Tables IA, IC, and IG, and a detailed statement of the causes of and age periods at death in Table VA.

A comparison with the Infant Mortality figures of the Lancashire and Cheshire Great Towns, Table IG, relating to the figures for the 52 weeks ended January 2nd, 1926, shows a marked increase in the mortality for all towns compared with 1924. We were in the unfortunate position of having the highest infantile mortality among the 105 great towns throughout England and Wales. The sexes are not equally affected in either their birth rate or their infant mortality thus :—

		Birth Rate.		Infant Mortality.	
		Males.	Females.	Males.	Females.
1923	...	10.01	9.7	107	88
1924	...	9.69	9.3	122	70
1925	...	8.8	8.8	144	119

Year	Legitimate Births	Deaths of Legitimate Children	Rate per 1000 born	Illegitimate Births	Per cent of total	Illegitimate Deaths	Rate per 1000 born
1914	2671	...	...	147	5·5	..	...
1915	2387	...	...	132	5·5	...	...
1916	2150	...	...	143	6 6	...	...
1917	1831	...	...	167	9·0	...	...
1918	1754	...	...	181	10·3	...	...
1919	1984	...	...	174	8 0	...	...
1920	2810	280	99	174	5·8	21	120
1921	2534	278	109	177	6·3	38	215
1922	2350	225	95	132	5·6	17	129
1923	2316	220	95	110	4·5	18	164
1924	2216	202	91	112	4.8	23	205
1925	2088	273	131	86	3·9	13	151

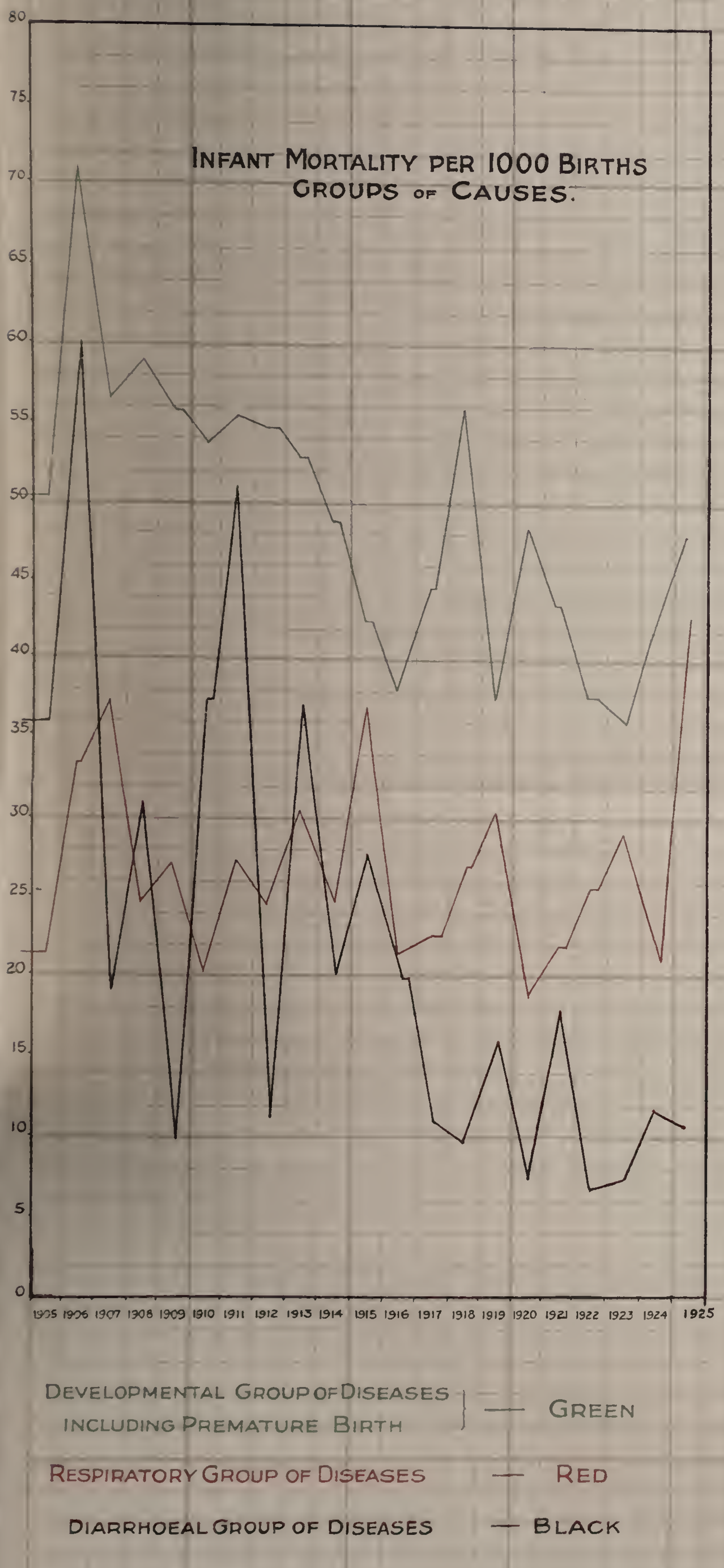
The gross expenditure during the financial year ending 31st March, 1925, for Maternity and Child Welfare, was £5,117 13s. od. The nett expenditure was £4,138 14s. 8d.

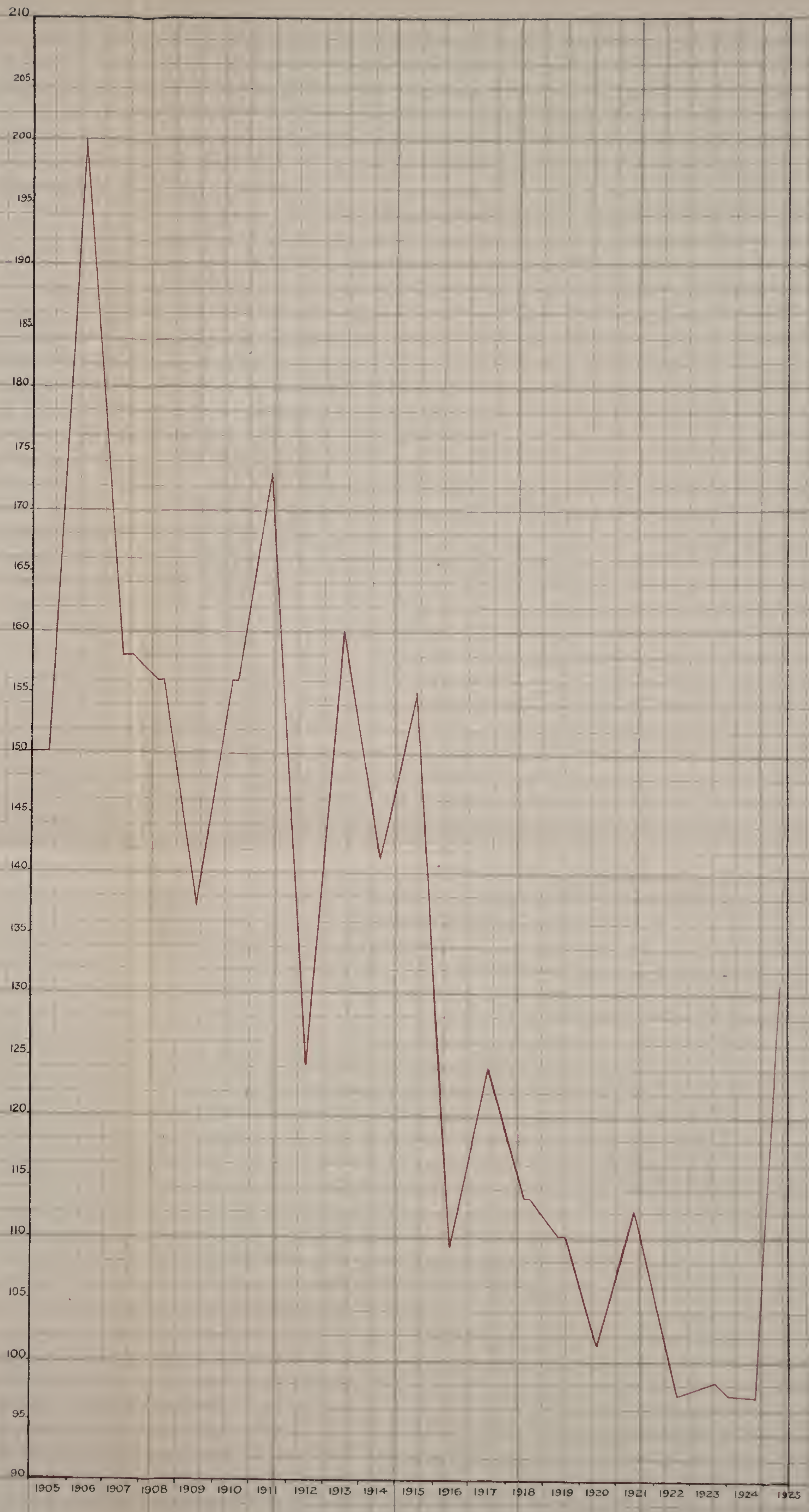
An examination of the causes of death as shown in Table Va., shows that the number of deaths occurring under one month is 94 as compared with 98 and 100 in previous years. There was a considerable increase in the number of deaths in each of the later age periods, the most considerable being in the periods 6—9 and 9—12 months. Whooping Cough accounted for 17 deaths, as against eight and two in 1924 and 1923 respectively. Convulsions accounted for 28, as against 14 and nine; Bronchitis and Pneumonia 70, as against 45 and 72; Diarrhœa and Enteritis 24, as against 27 and 20, and Congenital Debility, Malformation and Premature Birth were the causes of deaths in 108 instances, as against 102 and 93 in the preceding years. The increased mortality appears to be due to an increase in the deaths from the Respiratory Group and to a lesser extent from the Developmental Group of diseases.

The time of the year at which these deaths occurred is of importance and an examination of the dates shows that the Developmental Group is not affected by adverse weather conditions and that among the 24 deaths in the Diarrhœal Group one-half died in July, August and September. The figures in the Respiratory Group are as follows :—

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
Measles	3	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough ..	1	2	2	2	1	1	3	2	1	..	1	1
Laryngitis	..	..	..	..	1	..	..	..	..	..	..	..
Bronchitis	2	8	1	1	2	..	1	..	..	5	2	..
Pneumonia	1	9	2	2	5	1	4	4	..	6	9	4
	31			31						28		

It is here shown that the winter deaths from October to March are practically double those of the summer months. There is a close association between the mortality from Respiratory diseases and the prevalence of smoke-laden fog, an association which has been proved in large communities where smoke recording is undertaken.


INFANT MORTALITY PER 1000 BIRTHS
GROUPS OF CAUSES.



TOTAL INFANT MORTALITY PER 1000 BIRTHS.

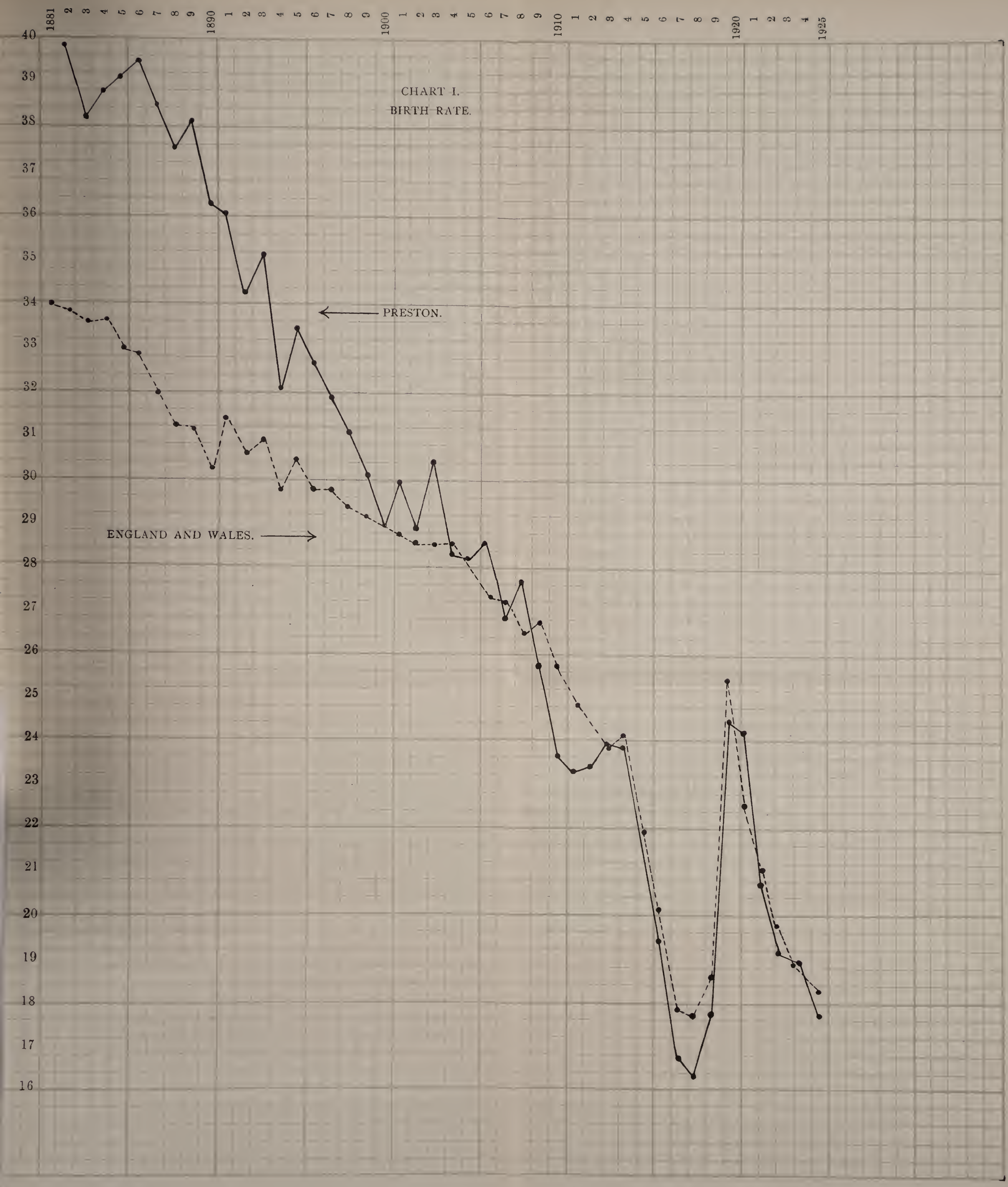


CHART I.
BIRTH RATE.

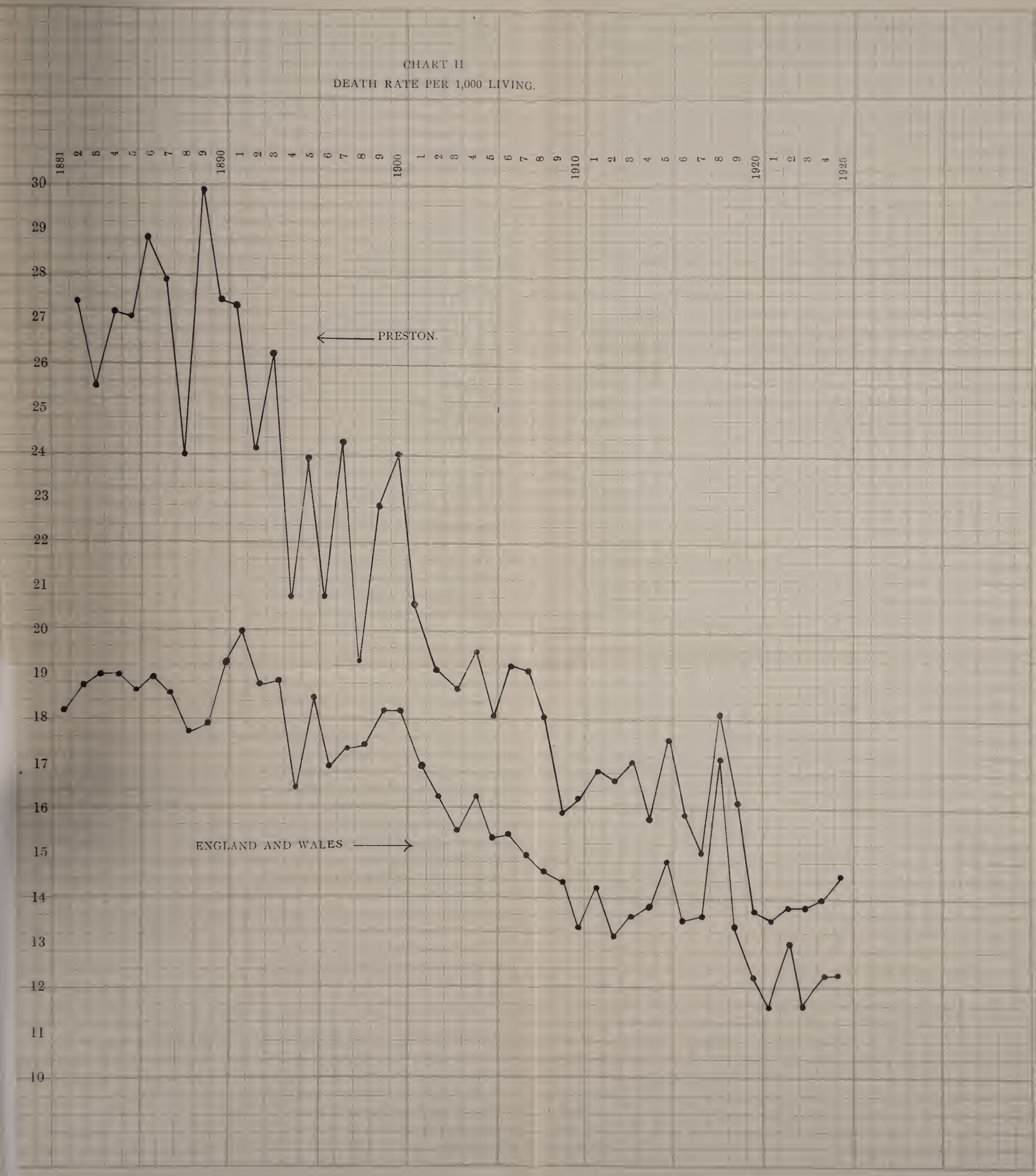


CHART II

DEATH RATE PER 1,000 LIVING.

CHART IV.

INFANT MORTALITY 1882-1925 per 1,000 Born.

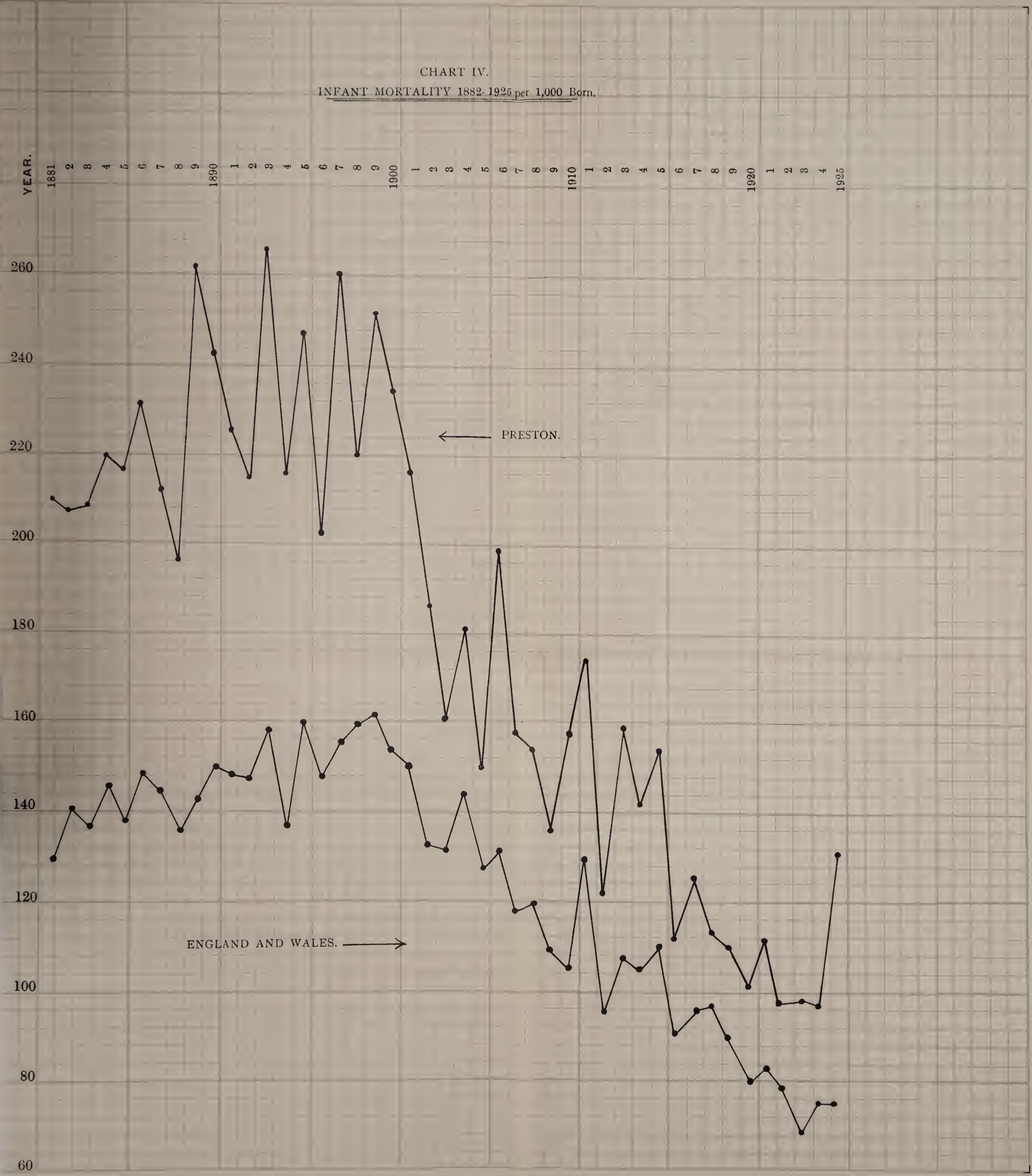


TABLE Va.

Infantile Mortality, 1925.

Nett Deaths from stated Causes at various Ages under One Year of age.

CAUSE OF DEATH.	Under 1 Week.	1 - 2 Weeks.	2 - 3 Weeks.	3 - 4 Weeks.	Total under 1 Month.	1 - 3 Months.	3 - 6 Months.	6 - 9 Months.	9 - 12 Months.	Total Deaths under One Year.	
All Causes:—											
Certified	64	9	11	8	92	53	43	46	42	276	
Uncertified	2	...	...	...	2	2	4	1	1	10	
										M	F
Small Pox	...	...	...	...	...	...	...	...	...	...	...
Chicken Pox	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	1	2	2	1
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	1	1	7	8	9	8
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	1	1	2	...
Abdominal Tuberculosis	...	...	...	...	...	...	...	1	...	...	1
Other Tuberculous Diseases	...	...	...	...	...	1	...	...	3	2	2
Meningitis (not Tuberculous)	...	...	...	...	...	...	...	4	1	2	3
Convulsions	3	3	1	1	8	4	5	6	5	16	12
Laryngitis	...	...	...	...	...	..	1	...	...	1	...
Bronchitis	...	...	2	...	2	6	5	5	4	11	11
Pneumonia (all forms)	...	...	1	...	1	7	12	11	16	25	22
Diarrhœa Enteritis Gastritis	1	...	...	1	2	8	11	2	1	18	6
Syphilis	...	...	...	...	...	1	...	...	...	...	1
Rickets	...	...	...	..	...	...	...	...	...	...	...
Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...
Injury at Birth	...	...	...	1	1	...	...	...	...	...	1
Atelectasis	7	...	...	...	7	...	...	...	...	2	5
Congenital Malformations	7	...	...	1	8	8	3	1	1	7	14
Premature Birth	37	2	5	2	46	12	...	...	...	32	26
Atrophy, Debility and Marasmus	7	2	...	1	10	6	4	2	...	16	6
Other causes	4	2	2	1	9	1	5	6	1	14	8
Total	66	9	11	8	94	55	47	47	43	159	127

Other Diseases.

	Under 1 week	1—2 weeks	2—3 week	3—4 weeks	1—3 months	3—6 months	6—9 months	9—12 months	Total
Coeliac Disease	..	..	..	..	..	1	..	..	1
Colitis	..	..	..	..	..	..	1	..	1
Pemphigus	..	..	1	..	..	..	..	..	1
Hydrocephalus	..	..	..	..	..	1	..	..	1
Jaundice Neonatorum	..	1	..	..	..	..	..	..	1
Purpura Haemorrhagica	..	..	..	..	..	..	1	..	1
Eczema	..	..	..	..	..	1	..	..	1
Otitis Media	..	..	..	1	..	..	..	..	1
Icterus Neonatorum	..	..	1	..	..	..	..	..	1
Facial Paralysis	..	..	..	..	..	1	..	..	1
Vaccinia	..	..	..	..	..	1	..	..	1
Myocarditis	..	..	..	..	..	..	1	..	1
Little's Disease	1	..	..	..	..	..	..	..	1
Ac. Encephalitis	..	..	..	..	..	..	1	..	1
Ac. Anterior Poliomyelitis ..	..	1	..	..	..	..	..	..	1
Want of Attention at Birth ..	2	..	..	..	..	..	..	..	2
Violence	1	..	..	..	1	..	1	..	3
Cystitis	..	..	..	..	..	..	1	..	1
Other Respiratory Diseases ..	..	..	..	..	..	..	..	1	1
Totals	4	2	2	1	1	5	6	1	22

The following deaths are those in which teething was associated with the cause given as a contributory cause of death :—

Deaths including Dentition.

	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	1—3 months	3—6 months	6—9 months	9—12 months	Total
Whooping Cough	..	..	..	..	..	1	1	..	2
Meningitis	..	..	..	..	..	..	..	1	1
Convulsions	..	..	..	..	..	1	3	4	8
Bronchitis	..	..	..	..	..	..	1	..	1
Pneumonia	..	..	..	..	..	..	..	3	3

The following paragraphs deal with the results of an enquiry into 221 of the 286 infant deaths which occurred during the year.

INFLUENCE OF FACTORY LIFE UPON THE MORTALITY OF INFANTS.

Among the 221 women in the series, 160 women were not following any occupation other than that of housewife. The custom here is for the expectant mother to remain at work up to the actual time of confinement and to resume it as soon as the lying-in period, 10—14 days, has passed. It is not very likely that women under these domestic conditions will overtax themselves and in any event it is not possible to obtain any exact information as to the amount of work they do. My impression is that they do as much as their physical condition allows and that they suffer no ill effects before confinement and that many resume their domestic work too soon after confinement with damage to their health and possibly some impairment of their natural capacity to feed their infants.

(a) Before the Birth of the Infant.

Fifty-five women were engaged before confinement in some part of the textile industry. The length of time which elapsed between giving up work and the confinement is shown in the tabular statement below. The proportion of deaths of infants under three months to those aged three months and over is as 114 to 107. The proportion of the mothers of these children engaged in textile industries is however as three is to two, from which it might be argued that industrial life before confinement is per se adverse to infant nurture. Similarly 13 mothers of the former class or 39 per cent. remained at work up to one month of their confinement against seven or 31 per cent. of those who managed to rear their children to the later period. The group of deaths under three months contains all the premature births and therefore accounts for the higher numbers remaining at work up to a very short interval before confinement.

Deaths of Infants under one year.

Interval between confinement and giving up work before confinement.

Occupation of Mother and Age of Child at Death.	No interval.	Less than 1 week	Weeks					Months							Totals	
			1—2	2—3	3—4	4—5	5—6	—2	2—3	3—4	4—5	5—6	6—7	7—8	Under 3/12	3/12 and over
Textile Workers :																
Under 3/12 ..	3	2	4	3	1	4	1	4	3	4	2	..	1	1	33	..
3/12 and over ..	2	1	..	2	2	5	1	2	2	4	1	..	..	..	..	22
Other Industries :																
Under 3/12 ..										1	..	1	..	..	2	..
3/12 and over ..	..	..	1	1	..	..	..	1	..	1	..	..	..	..	..	4
Housewives :																
Under 3/12 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	74	..
3/12 and over ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	81
No information :																
Under 3/12 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	..
3/12 and over ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	..	..	..	..	..	..	..	..	..	..	..	..	..	..	114	107

(b) After the Birth of the Infant.

Among the 55 women engaged in the textile industry, none of the mothers whose children died under three months of age resumed work until after the death of the infant. Among the older group eight mothers resumed after the death of the infant and 14 at varying intervals between three weeks and four months after the confinement.

Deaths of Infants under one year of age.

Interval between Confinement and Resumption of Work.

	Weeks						Months							Total.	
	1	2	3	4	5	6	2	3	4	5	6	Over 6	Did not resume until death of child.	Under 3 months	Over 3 months
Textile :															
Under 3 months ..	..	..	..	..	..	..	..	..	..	..	..	..	33	33	..
3 months and over	..	..	1	2	..	2	6	2	1	..	..	..	8	..	22
Other Industries :															
Under 3 months ..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	..
3 months and over	..	..	..	2	..	..	1	..	..	..	..	..	1	..	4
Housewife :															
Under 3 months ..	..	..	..	..	..	..	..	..	..	..	..	..	..	74	..
3 months and over	..	..	..	..	..	..	..	..	..	..	..	..	..	..	81
No information ..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	..
Total															
Under 3 months ..	..	..	..	..	..	..	..	..	..	..	..	..	..	114	..
3 months and over	..	..	..	..	..	..	..	..	..	..	..	..	..	..	107

EFFECT OF PUTTING INFANTS OUT TO NURSE.

Twenty infants or 10 per cent. of the total were put out to nurse. One of these children died aged seven weeks, the remainder at three months or over.

Seven of these children were nursed at home by a relative of the parents. Four were nursed next door, three in the same street and six in nearby streets.

The usual time for taking the child to the foster mother was 7-30 a.m. and for bringing the child home 6 p.m. The charge made is 10s. 0d. per week, plus the infant's food, which amounts to 3s. 0d. or 3s. 6d. per week.

The percentage of all children put out to nurse is 12.6, so that the practice does not appear to have any appreciable effect upon the mortality.

	Age in months at which put out to Nurse.							
	Less than 1	1	2	3	4	5	6	Total.
AT HOME :								
Textile Workers	..	3	2	..	..	..	..	5
Other Industries	..	2	..	..	..	..	..	2
ELSEWHERE :								
Textile Workers	..	5	4	1	3	..	..	13
Other Industries	..	..	..	..	..	..	..	..

THE HEALTH OF THE MOTHER.

THE HEALTH OF THE MOTHER.	INFANTS.	
	Deaths under 3 months.	Deaths at 3 months and over.
Good	74	83
Delicate	16	9
Anæmic	8	2
Tuberculous	3	4
Chest Trouble	2	..
Nervous Debility	2	..
Heart Disease	1	..
Nephritis	1	1
No information	7	5
Feeble-minded	..	1
Injury (fall)	..	1
Alcoholic	..	1
Totals	114	107

From the above it will be seen that a higher proportion of ill health is observable in the case of mothers of children dying in the early weeks of life. In addition, in three instances in the older group, the mother's death preceded that of the child, in one the mother was deserted, and in two uncomfortable and crowded lodgings were estimated as contributory causes. Other difficulties placed in the way of successful rearing were twin births (six instances), alcoholism on the part of the father and consequent poverty (one), and gross insanitation (one).

THE USE MADE BY MOTHERS OF FACILITIES PROVIDED BY THE COUNCIL AND OF OTHER ADVISORY AGENCIES.

Attendance by Mothers	Attended Ante-natal Centre		Under Medical Supervision		Attended Child Welfare Centre				
	Occasionally	Regularly	Occasionally	Regularly	Occasionally	Regularly	No information	No supervision	Total
(*a*) Of Children dying before reaching 3 months	1	...	1	29	6	1	6	70	114
(*b*) Of Children dying between 3 months and 1 year ..	...	...	Not enquired into		10	24	...	73	107

In 1925 73 expectant mothers attended the Ante-Natal Centre, representing 3.3 per cent. of the total births (2,174). The striking fact is here presented that among the 221 deaths investigated only one woman sought the skilled advice and assistance provided at the Ante-Natal Centre.

Thirty mothers of children who died in the early weeks of life were under medical advice for some period of their pregnancy, probably a higher percentage (25 per cent.) than obtains in all births. The numbers attending the Infant Welfare Centres are seen to be 7 and 34 for the two groups referred to, or 6 per cent. and 33 per cent, respectively. As over 50 per cent. of all children born are presented at the Centres, the percentage in our series of deaths is very disappointing even when allowance is made for the fact that in the early group of deaths the period of life was frequently too short to allow of such attendance.

ATTENTION RECEIVED AT BIRTH.

The kind and quality of the attention given to the mother and child at birth has an important influence upon the recovery of the mother and the survival of the infant, especially in the case of the child in the early weeks of life. The figures below relate to the births of children who failed to survive three months.

				Corresponding figures for all births during 1925.
1	Medical Practitioner andMonthly Nurse ..	3	42%	686—33%
	,, ,, ,, Midwife	33		
	Preston Royal Infirmary	10		
2—Midwife	.. ..	53	49%	1257—61%
3	Handywoman	3	8%	118— 6%
	Medical Practitioner and Handywoman ..	6		
4—No information	.. ..	6		—
		114		

Those in group (1) may be classified as good, in group (2) as satisfactory, and in group (3) as unsatisfactory. The difficulty sometimes experienced in obtaining immediate help in an obstetrical emergency induced Parliament to so frame the definition of "midwife" so as to allow of the services in emergencies or under the direction of a qualified medical practitioner of unqualified women and has led to the practice of a few Doctors of "covering" unqualified women where trained women could have been obtained and where no emergency had arisen. The standard of midwifery training and competence is rising year by year as the bona fide midwives are replaced by trained and certified women and the difference in the quality of the attention given by them and that given by handywomen is now very great.

PREMATURE BIRTHS AND CONGENITAL DEFECTS.

In the series of 221 infant deaths there were 104 who died of causes coming under the heading of developmental or ante-natal causes, viz., 59 premature births, 22 congenital malformation and 23 of atrophy, debility and marasmus. Fifty-one or nearly one-half died under one week old and in the majority of these death took place in the early hours of life.

A detailed examination of the figures relating to the deaths of children under three months of age elicits the fact that premature birth and still births have occurred in the families concerned with some frequency. Thus 108 mothers had in all confinements past and present given birth to 380 children of whom 211 are living and 169 either still births or dead in early infancy. In 53 instances among the total births (380) the first born child failed to survive early infancy. The fact that early pregnancies are more likely to end in disaster than the later ones is supported by an examination of the table below, where it is seen that 21 per cent. of the total are first, 30 per cent. are second, and 11 the third pregnancies respectively. Further, over 50 per cent. of the fatalities in both first and second pregnancies ended before full term.

In one of our cases there had been 10 pregnancies which had resulted in three still births, four premature births at seven months, one death at one year ten months from scalding and two survivors.

Children under three months at death.

Period of Gestation.

Number of Pregnancies.	Months				Total Deaths.	All Pregnancies.
	6	7	8	At term		
1	1	6	6	10	23	23
2	1	14	3	15	33	66
3	..	3	2	7	12	36
4	..	..	3	5	8	32
5	..	6	1	7	14	70
6	..	3	..	4	7	42
7	..	..	..	2	2	14
8	..	1	..	1	2	16
9	..	1	..	..	1	9
10	..	1	..	2	3	30
11	..	..	..	..	..	..
12	..	..	..	..	..	..
13	..	1	..	..	1	13
14	..	1	..	..	1	14
15	..	..	..	1	1	15
Totals ..	2	37	15	54	108	..
No information	..	..	..	..	6	..
	..	..	..	..	114	380

FEEDING OF INFANTS.

In our series of 221 infant deaths, the question of feeding did not arise in 35 instances, as death occurred within a short time after birth. Seventy-eight were breast fed throughout their life, 11 were partly breast and partly hand fed, 85 were hand fed, no information being available as to the method of feeding in the remaining 12.

In the small group of 11 infants who were submitted to mixed feeding, seven were fed from the bottle from the beginning, one in the first month, one in the third and one in the fourth month.

In the large group of 85 hand fed children the bottle was given to 52 children in the first week, to 10 in the first month, to 14 in the second month and to rapidly diminishing small numbers in the later ages.

The general experience of our Health Visitors is to find on their first visit, shortly after birth, that breast feeding is attempted in practically every instance. On the second visit, which takes place between the fourth and sixth week, artificial feeding has been resorted to in 50 per cent. of the cases, which agrees with the findings in our series. Breast feeding for a reasonable period of seven to nine months is to a greater extent carried out among the very poor and also among the well-to-do artizan class than among the average artizan class containing the bulk of the textile workers' families. Early weaning is markedly associated with house proud women and with those who do not trouble to prepare a decent meal during the daytime absence of their husbands.

The methods of artificial feeding are carefully and conscientiously carried out and the women are notably improving in this respect.

From my observations it is impossible to state that artificial feeding has an adverse effect upon the welfare of the infants. It is simply more costly and more troublesome.

Age at Death.	Not fed.	No information.	Breast fed.	MIXED FEEDING. Age at which bottle was first given.						HAND FED. Age at which Child was weaned.								All Deaths.
				Weeks			Months		Total	Weeks		Months					Total	
				0—1	1—4	1—2	2—3	3—4		0—1	1—4	1—2	2—3	3—4	4—5	6—7		
0—1 week ..	35	..	11	..	..	..	..	..	..	5	..	..	..	..	..	..	5	51
1—2 weeks	..	..	3	1	..	..	..	..	1	1	..	..	..	..	..	..	1	5
2—3 ,, ..	..	..	7	..	..	..	..	..	..	2	..	..	..	..	..	..	2	9
3—4 ,, ..	..	..	2	..	..	..	..	..	..	1	..	..	..	..	..	..	1	4
1—2 months	..	..	20	3	..	..	..	..	3	3	2	1	..	..	..	..	6	29
2—3 ,, ..	..	..	4	..	1	..	..	..	1	5	1	..	..	..	..	..	6	11
3—4 ,, ..	..	...	3	1	..	..	..	1	2	10	..	1	..	..	..	..	11	16
4—5 ,, ..	..	..	2	..	..	..	..	..	..	2	..	2	..	..	..	..	4	6
5—6 ,, ..	..	..	5	1	..	..	1	..	2	3	3	2	1	..	..	..	9	16
6—7 ,, ..	..	..	3	..	..	..	..	1	1	5	1	2	..	..	..	..	8	12
7—8 ,, ..	..	..	2	..	..	..	..	..	..	3	..	2	..	1	..	..	6	8
8—9 ,, ..	..	..	2	..	..	..	..	..	..	2	1	..	..	1	1	..	5	7
9—10 ,, ..	..	..	6	..	..	..	..	..	..	2	1	2	1	..	..	1	7	13
10—11 ,, ..	..	..	2	..	..	..	..	..	..	2	1	1	1	..	1	1	7	9
11—12 ,, ..	..	..	6	1	..	..	..	..	1	6	..	1	..	..	..	..	7	13
	..	12	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	12
Totals ..	35	12	78	7	1	..	1	2	11	52	10	14	3	2	2	2	85	221

Among other points worthy of note is the fact that Maternity Homes in themselves do not provide a panacea against a high rate of infant mortality, as may be seen from Table Vc.

PUERPERAL FEVER.

Eight cases of puerperal fever were notified of whom six died. The number of cases notified is the same as in the preceding four years. Two of the deaths occurred in the Preston Royal Infirmary and three in the Isolation Hospital. The number of cases and of deaths, the incidence rate and the mortality caused by the disease are steadily increasing (Table Vb.).

OTHER ACCIDENTS AND DISEASES OF PREGNANCY AND PARTURITION.

There were seven deaths from other accidents and diseases of pregnancy and parturition which were one less than the number in recent years.

Thirteen women died. We have no record of the amount of invalidity and sterility which occurred in these women who received non-fatal injuries or infections at their confinements; but yet we have a record of 118 confinements attended by unqualified and untrained women accompanied or not by a medical practitioner.

TABLE Vb.

Year.	No. of Births Registered	Puerperal Fever.				Other Accidents and Diseases of Pregnancy.		Total Mortality from Child Birth.
		No. of Cases Notified.	No. of Deaths.	Incidence Rate per Births.	Mortality per 1000 Births.	No. of Deaths	Mortality per 1000 Births.	
1911	2726	6	2	2.20	0.73	13	4.73	5.50
1912	2753	2	1	0.72	0.36	4	1.45	1.82
1913	2888	7	2	2.42	0.69	6	2.08	2.77
1914	2841	7	2	2.46	0.70	20	7.04	7.74
1915	2546	9	5	3.53	1.96	7	2.75	4.71
Average	2751	6.2	2.4	2.26	0.89	10.0	3.61	4.51
1916	2315	3	3	1.29	1.29	3	1.30	2.59
1917	2019	1	1	0.49	0.49	5	2.47	2.96
1918	1906	3	2	1.57	1.05	4	2.10	3.15
1919	2086	9	5	4.31	2.39	4	1.92	4.31
1920	2984	16	9	4.69	3.01	13	4.36	7.37
Average	2262	6.8	4.0	2.47	1.65	6.0	2.43	4.08
1921	2811	8	7	2.82	2.49	8	2.85	5.34
1922	2482	8	3	3.22	1.20	9	3.63	4.83
1923	2426	8	3	3.30	1.24	8	3.30	4.54
1924	2328	8	5	3.40	2.15	8	3.43	5.58
1925	2174	8	6	3.68	2.76	7	3.22	5.98
Average	2444	8.0	4.8	3.28	1.97	8.0	3.29	5.25

TABLE Vc.

	Total No. of Births Registered	Nett Births	Nett Infant Deaths	Puerperal Fever		Deaths from other diseases of Pregnancy and Parturition
				Cases	Deaths	
Private Houses	1874	1865	241	6	1	3
Nursing Homes	41	17	...	...	...	...
Royal Infirmary	268	218	31	2	2	2
Isolation Hospital	...	...	2	...	3	...
Midwives Homes (four)	44	38	3	...	...	...
Other Institutions (Inward Transfers)	...	36	9	...	...	2
Total	2221	2174	286	8	6	7

TABLE Vd.

Attendance on Women at Child Birth.

THE BIRTHS WERE ATTENDED BY :—	District **1**	District **1a**	District **2**	District **3**	District **4**	District **5**	**Total**	% 1924	% 1925
Midwives alone	140	161	295	213	219	229	1257	62	61
Doctors and Midwives	99	110	85	115	109	109	627	31	30
Doctors and Monthly Nurses	37	3	2	12	...	5	59	1	3
Doctors and Unqualified Women	17	22	27	14	27	11	118	6	6
TOTALS	293	296	409	354	355	354	2061		

TABLE Ve.

Notification of Births

Received from :—

District	Midwives	Doctors	Parents	Royal Infirmary	Private Nursing Homes	Total
1	234	—	22	36	2	294
1A	176	—	26	38	25	265
2	322	1	32	87	1	443
3	354	2	52	39	6	453
4	283	—	33	46	—	362
5	270	—	17	40	—	327
	1639	3	182	286	34	2144

The following information is an abstract from the Annual Report of the Preston Royal Infirmary.

"Obstetric Department—

	1924.	1925.
No. of patients pre-Natal Clinic ...	367	325
,, patients admitted ...	319	314
,, living babies delivered ...	286	282
,, stillborn babies delivered ...	33	32
	319	314

Abnormal cases, 101; Normal, 213.

Maternal deaths, 5; Child deaths, 16."

Still Births.

The number of still-born children interred at the Preston Cemetery was 138 compared with 146 and 141 for 1923 and 1924 respectively.

Ante-Natal Clinic.

There has been a considerable drop in this work due to the opening of an Ante-Natal Clinic at the Preston Royal Infirmary.

In 1924 238 new patients made 386 attendances at 2 North Road. The figures for 1925 are as follows :—

Seventy-three new patients visited the Centre, 70 attended once only. Together with the attendances of patients who were left on the books at the beginning of the year there were 163 attendances.

Forty-six of the patients attended on account of pregnancy, the remainder on account of some gynaecological condition. Fourteen patients were referred to the Maternity Ward at the Preston Royal Infirmary and seven to the Venereal Diseases Clinic.

Inspection of Midwives.

At the end of 1925 there were 44 midwives on the register, 31 of whom were trained, the remainder are bona-fide midwives, i.e., in practice before the passing of the Midwives Act, 1902. Forty-two routine inspections were made and 11 special inspections. Five inspections were made of the midwives work in attendance on confinements.

INFANT WELFARE CENTRES.

The attendances at the Centres have decreased during the year. The actual numbers will be seen in the table below. The courses given in Cookery, Sewing and Dressmaking continue to prove attractive and very useful.

The growth of the work is indicated by the following statement of attendances at the Centres since 1916 :—

TABLE Vf.

Situation of Centre	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Deepdale Mill Street	1139	1471	1836	1741	2722	3318	3509	4024	4137	4072
Walker Street	1573	3051	2536	2398	2850	2824	4150	5233	5728	5965
Fylde Road	984	1771	2402	1543	2648	2732	2338	2889	3322	2929
Savoy Street	...	72	1280	997	754	1639	1896	2362	3345	3261
Manchester Road ...	260	1435	1774	1811	1991	2507	2488	2990	4509	3892
North Road	...	...	...	83	203	180	384	397	386	163
Totals	3956	7750	9828	8573	11168	13200	14765	17895	21427	20282

TABLE Vg.

Number of Attendances at Maternity and Child Welfare Centres and at the Ante-Natal Clinic.

Situation of Centre	Total Infants (a)	New Infants included in (a) (b)	Older Children	Expectant Mothers	Total Attendances
Deepdale Mill Street .	3111	210	728	233	4072
Walker Street	4479	253	1262	224	5965
Fylde Road	2222	190	544	163	2929
Savoy Street	2578	176	502	181	3261
Manchester Road	2957	227	717	218	3892
Ante-Natal Clinic, North Road	...	...	...	163	163
Totals	15347	1056	3753	1182	20282

Four hundred and ninety persons received free food in the form of cows milk or dried milk from the Corporation. The total amount involved was £1,556 4s. 6d. and the average cost per head equalled £3 3s. 6d. or 3s. 2d. less than in 1924. The investigation of the income of applicants and the administration of the scheme, together with that relating to the provision of Home Helps, Midwives and Doctors, absorbs a tremendous amount of work on the part of the staff and the responsible Sub-Committee. At each monthly meeting over 200 individual cases have to be considered with full reports on each. Co-operation with the Board of Guardians, the Pensions Committee, the Employment Exchange, the Friendly Societies and charitable agencies is maintained by diligent enquiries and collation of information.

Three hundred and twenty cases were taken off the list during 1925 on account of improvement in circumstances, death or removal. On the average these cases received free milk for 226 days each, and the shortest length of time occurred in emergency grants covering the interval between the fortnightly meetings of the Committee. The longest were periods of three and a quarter years and one over four years. A summary is appended.

Tabular Statement of Number of Persons in receipt of Free Milk during 1925 and the length of time for which it was made available (completed cases only).

Months	Persons	Months	Persons	Months	Persons	Months	Persons
1	36	13	3	25	3	37	..
2	43	14	6	26	1	38	..
3	33	15	4	27	1	39	..
4	24	16	3	28	..	40	1
5	27	17	4	29	1	41	..
6	22	18	7	30	2	42	..
7	21	19	5	31	..	43	..
8	20	20	3	32	1	44	..
9	4	21	2	33	1	45	..
10	11	22	3	34	..	46	..
11	10	23	2	35	1	47	..
12	9	24	3	36	2	48 and over	1

TABLE VH. SUMMARISED STATEMENT OF THE WORK OF THE HEALTH VISITORS.

District	Wards	Visits to														
		Ante-Natal Cases	Births		Older Children				Disease Conditions							Total Visits
			1st Visits	Re-Visits	1—2 years	2—3 years	3—4 years	4—5 years	Ophthalmia Neonatorum	Puerperal Fever	Diarrhoea, etc.	Measles	Whooping Cough	Mumps, Chicken Pox, etc.	Epidemic Enteritis	
1	Fishwick ………. Ribbleton ……….	172	293	871	621	297	206	1095	10	1	…	113	66	42	2	3789
1A	Deepdale ………. Park (part of) …	151	296	726	457	249	174	246	…	1	…	269	139	85	…	2793
2	Park (part of)…… Trinity ……….	118	409	761	537	557	558	733	2	1	…	215	113	173	5	4182
3	St. Peter's …….. Moorbrook ……. Maudland(partof).	196	354	1014	209	245	172	347	3	5	…	258	31	119	…	2953
4	Christ Church … Ashton …………. Maudland(partof).	178	355	751	400	414	361	412	…	2	…	385	107	50	26	3441
5	St. John's …….. Avenham ……….	174	354	795	509	399	364	427	12	…	…	415	65	125	16	3655
	Totals ……	989	6979		9989				2856							20813

TABLE VI.

Statement of Sale of Foods and Free Supplies during the year 1925.

	Value of Foods Sold			Value of Foods Supplied Free		
	£	s.	d.	£	s.	d.
Cows Milk	Nil.			1308	6	6
Dried Milk	735	19	0	189	1	8
Lactogol	10	6	3	1	12	6
Virol	86	3	2	15	5	6
Ovaltine	223	8	1	22	16	0
Cod Liver Oil Emulsion	47	13	11	15	14	3
Cod Liver Oil and Malt	9	1	3	3	5	1
Parish's Chemical Food	2	5	4	0	3	0
Total	£1,114	17	0	£1,556	4	6

	1925.			1924.			1923.			1922.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Value of Foods Sold	1114	17	0	958	10	6	1039	7	0	1075	6	2
Value of Foods Supplied Free	1556	4	6	1509	10	8	932	4	1	576	0	3

Other Services rendered by the Committee in relation to Maternity.

Nature of Service	No. of Instances	Average Cost per Instance			Total Cost			Borne by the Council			Borne by the Applicant		
		£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
The provision of a Midwife ...	102	1	5	5	129	12	6	129	12	6	Nil		
,, ,, Home Help .	35	2	12	2	91	8	9	88	5	9	3	3	0
,, ,, Doctor ...	70	1	14	7	121	2	6	121	2	6	Nil		

VI.—Sanitary Administration.

(1) STAFF.

F. A. Sharpe, M.D.(Lond.), B.S., D.P.H.
Medical Officer of Health, School Medical Officer, Port Medical Officer, Tuberculosis Officer.

James Walker, M.B., Ch.B., D.P.H., Vict.
Assistant Medical Officer, Clinical Tuberculosis Officer.

Mary Lowry, M.B., Ch.B., M.A.(Edin.).
Assistant Medical Officer, Maternity and Child Welfare Officer.

Richard Finch, F.R.C.V.S., D.V.S.M., Veterinary Officer and Officer in charge of Food Inspection arrangements.

W. H. Roberts, F.I.C., Borough Analyst.

Chief Clerk: W. Sharp.

Matron, Isolation Hospital: J. G. Booth.

Matron, "Chestnuts" Hospital for Consumption: F. Keene.

Health Visitors: M. M. Bottomley, E. A. Cooper, L. Ross, E. Park, D. Lafferty, J. Mortimer.

Tuberculosis Nurses: J. Edmondson, M. Cole.

Sanitary Inspectors: W. Baron, Cert. R.S.I. E. Crossthwaite, Cert. R.S.I. H. Holden, Cert. R.S.I. H. D. Wright, Cert. R.S.I. J. B. Morgan, Cert. R.S.I. H. Hornby, Cert. R.S.I. A. S. Williams, Cert. R.S.I.

(2) HOSPITAL ACCOMMODATION.

The Hospital is a modern institution, consisting of an administration block, 4 ward blocks, laundry, and other necessary premises.

The ward blocks contain two main wards and two side wards each. The accommodation is for 60 beds.

During the year 510 cases were admitted, compared with 374 in 1924 and 334 in 1923.

In addition to Enteric Fever, Scarlet Fever, and Diphtheria, a large number of cases of other illnesses were treated.

ENTERIC FEVER.

Four cases were admitted, as compared with 12 in 1924. Two of the cases were proved not to be suffering from the disease by bacteriological and serological tests. One of the true cases died in the third week of the disease from hæmorrhage.

SCARLET FEVER.

266 cases were admitted, the largest number since 1921. In 232 of these the diagnosis was substantiated by the later occurrence of desquamation and other signs. Thirty cases were found to be suffering from other conditions. These were German Measles, 17 cases; Measles (mixed infection), 1 case; Scarlet Fever and Diphtheria, 4 cases; Scarlet Fever and Whooping Cough, 5 cases; Scarlet Fever and Chicken Pox, 2 cases; and one case of an acute skin disease resembling severe Scarlet Fever in its early stages. Due to the extreme mildness of Scarlet Fever four children had very little evidence of any disease on admission.

Among 34 children sent in for Scarlet Fever, but proving to be suffering from some other condition, three developed Scarlet Fever during their stay in hospital. The reason for this was the failure to recognise the fact that the child had not got Scarlet Fever, and in consequence the omission of the usual isolation in a separate ward. One member of the staff contracted Scarlet Fever shortly after the commencement of her probationership.

Seven patients died, giving a morbidity rate of 2.12 per 100 cases notified and a rate of 2.63 per cent. of cases admitted.

The deaths were due to the following terminal causes :—

Septicaemia	3	days	in hospital
,, ...	3	,,	,,
,, ...	5	,,	,,
,, ...	10	,,	,,
Septic Ulceration of the Tonsils	23	,,	,,
Meningitis	80	,,	,,
Pneumonia	69	,,	,,

Return Cases—Three cases occurred, or 1.1 per cent. of the admissions.

Initials and Ref. No.		Interval
A.S. Sc.16 ...	Discharged February 24th ...	29 days.
A.S. D.61 ...	Admitted March 23rd ...	
P.R. D.19 ...	Discharged March 3rd ...	10 days.
C.A. S.57 ...	Admitted March 13th ...	
J.B. S.37 ...	Dischaged March 28th ...	9 days.
L.B. S.84 ...	Admitted April 6th ...	

DIPHTHERIA.

198 cases of Diphtheria were admitted, the largest number since the Hospital was erected. In a large number of these cases it is difficult to determine whether or no the case is one of true Diphtheria or a less serious condition simulating it. Should the case prove to be one of Diphtheria the question of early treatment is of the utmost importance.

The general practice among the doctors in Preston, either in cases of Diphtheria or in cases of a doubtful nature, is to give Antitoxin early, to take a swab for bacteriological examination, and to arrange for Hospital treatment.

This sensible policy explains the fact that 34 of our cases were found after observation and test to be suffering from Follicular Tonsilitis. There were also cases of mixed infection, such as a combination of Diphtheria with German Measles, Scarlet Fever, Measles, or Whooping Cough.

The mortality was heavy—sixteen deaths, or 8.08 per cent. of the admissions.

Six died within 24 hours of admission.
One died one day after admission.
Two died two days after admission.
Two died three days after admission.
Two died five days after admission.
One died six days after admission.
One died nine days after admission.
One died twelve days after admission.

With the exception of the last two in the list, who died of heart failure due to Diphtheritic Paralysis, the cause of death was a general poisoning or toxæmia due to the disease.

Seven cases with five recoveries required tracheotomy on admission for the relief of suffocation due to the presence of the membrane in the windpipe.

There was also a heavy mortality among the small numbers of other diseases treated—twelve deaths among 42 cases (see Table VIa). These cases were in many instances of a very severe type, and were removed in order to provide the skilled attention they were unable to command in their own homes. The mortality from Puerperal Fever was especially severe.

The admission of cases of a nature not contemplated when the Hospital was built make unusual demands upon our isolation accommodation and staff. Miss Booth, the Matron, and her staff are deserving of thanks for the untiring zeal they have shown in the carrying out of their duties.

TABLE VIa.

Disease	In Hospital Dec. 31, 1924	Admitted		Dis-charged	Deaths	Remaining Dec. 31, 1925
		No.	Per cent of Notified			
Enteric Fever	...	4	100	3	1	...
Scarlet Fever...	25	266	81	269	7	15
Diphtheria......	19	198	83	192	16	9
Measles	5	13	0.46	16	2	...
Erysipelas	...	6	14	4	2	...
Pneumonia ...	2	6	7	5	3	...
Puerperal Fever	...	7	87	4	3	...
Marasmus ...	1	6	...	4	1	2
Encephalitis Lethargica...	...	1	20	1	...	...
Whooping Cough	...	1	...	...	1	...
Chicken Pox ...	...	2	0.53	2	...	...
TOTALS	52	510	...	500	36	26

TABLE VIb.

Length of Stay in Hospital of Patients who died or were discharged in 1925. whether admitted in that year or previously.

Disease for which admitted.	No. of Cases Died or Discharged during 1925	Total Days in Hospital	Average length of stay in days	Corresponding Figures for :		
				1924	1923	1922
Enteric Fever	4	72	18·00	19·33	20·00	25·22
Scarlet Fever	276	9260	33·15	34·60	32·66	35·86
Diphtheria	208	4509	21·67	25·89	23·00	30·44
Measles	18	277	15·38	18·73	40·50	17·33
Erysipelas	6	49	8·16	17·5	7·50	...
Tuberculous Disease	...	...	...	6·4	6·33	...
Pneumonia	8	216	27·00	22·5	13·50	...
Encephalitis Lethargica & Acute Poliomyelitis...	1	14	14·00	26·75	5·00	...
Puerperal Fever	7	57	8·14	10·40	14·00	38·00
Anthrax	...	...	...	72·0	...	...
Whooping Cough	1	16	16·00	...	...	...
Chicken Pox	2	42	21.00	12·0	...	...
Marasmus	5	79	15.80	44·0	...	...
Total	536	14591	27·22	29·7	27·63	32·87

TABLE VIc.

Disease for which Admitted.	Total Days in Hospital in 1925	Average Beds occupied daily	Corresponding Figures for :		
			1924	1923	1922
Enteric Fever	72	0·19	0·63	0·81	0·52
Scarlet Fever	8906	24·40	17·77	17·27	18·49
Diphtheria	4650	12·73	7·62	7·32	9·81
Measles	207				
Erysipelas	49	1·03	2·99	0·99	0·98
Pneumonia	193				
Encephalitis Lethargica & Acute Poliomyelitis	14				
Puerperal Fever	57				
Whooping Cough	16				
Chicken Pox	42				
Marasmus	74				
Total	14210	38·93	29·01	26·40	29·80

TABLE VId.

Diagnosis of Cases admitted in 1925.

Disease for which admitted	Actual Disease found																		
	German Measles	Scarlet Fever & Diph.	Acute Skin Disease	Scar. Fever & Ch. Pox	Sc. Fever & Whoop. C.	Measles	Enteritis	Pneumonia	Follicular Tonsillitis	Anaemia	Glands in Neck	Diph. & Wh. Cough	Scarlet Fever	Acute Rheumatism	Diph. & Ger. Measles	No evidence of disease	Cold in head	Original Diagnosis confirmed	TOTAL ADMITTED
Enteric	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	2	4
Scarlet Fever	17	4	1	2	5	1	...	...	...	...	...	...	...	...	...	4	...	232	266
Diphtheria	2	5	...	...	...	1	...	...	34	1	1	2	6	1	1	15	1	128	198
Measles	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11	13
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	6
Pneumonia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	6
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	7
Other Conditions	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10	10
TOTALS	21	9	1	2	5	2	1	1	34	1	1	2	6	1	1	19	1	402	510

VII.—Housing.

That portion of the work of the Public Health Department relating to the fitness of dwellings has been dealt with in Section II. A summary appears in the appended Schedule :—

In the Inspections under the Housing Regulations, 1910, attention is directed to the number of rooms per house, and the number of persons occupying them. The following are the facts elicited :—

Enquiries re Housing—192. Total Occupants—971.

TABLE VIIa.

No. of Rooms per House.	Number of Persons per House.												Total.	
	1	2	3	4	5	6	7	8	9	10	11	12	Houses.	Occupants.
	No. of Families.													
1 Room ...	3	...	...	...	...	...	...	...	...	...	...	...	3	3
2 Rooms ...	1	...	2	...	...	...	...	...	...	...	...	...	3	7
3 Rooms ...	4	2	7	3	1	...	1	...	...	...	...	...	18	53
4 Rooms ...	...	...	1	9	10	18	7	7	6	1	1	...	60	377
5 Rooms ...	1	9	8	15	10	5	2	4	1	2	1	...	58	269
6 Rooms ...	...	4	4	10	6	9	4	4	2	...	...	...	43	222
7 and over ...	...	1	...	...	3	2	...	...	...	...	1	...	7	40
Total Families ...	9	16	22	37	30	34	14	15	9	3	3	...	192	...
Total Persons ...	9	32	66	148	150	204	98	120	81	30	33	...	...	971

The figures above the heavy lines represent families living under conditions of overcrowding, that is, more than two persons per room.

The table shows no evidence of gross overcrowding, the average number of persons per house being 5.06, as compared with 4.26 at the 1921 Census; 10 houses (5.21 per cent.) were overcrowded. The occupants of these overcrowded houses numbered 93 or 9.5 per cent. of the whole; the corresponding figure at the 1921 Census was 7.4.

The Census for 1921 gives the population of the Borough as 117,406, an increase of 293 since 1911. The Registrar-General estimates the population in the middle of 1925 to be 122,900 or 200 less than in 1924, and an increase since 1911 of 5,474. The natural increase, that is the excess of Births over Deaths, was 7,894.

The houses erected since the 1911 Census are shewn below to amount to 2,075, which on the basis of 4.31 persons per house—the density at the 1921 Census—is sufficient to house 8,943 persons, and more than allows for the natural increase.

No. of Houses built each year 1911 to 1925.

Year.	No.
1911	193
1912	143
1913	142
1914	118
1915	95
1916	45
1917	19
1918	2
1919	1
1920	13
1921	8 + 226 by the Council.
1922	33 + 244 ,, ,,
1923	50
1924	186
1925	367 + 190 ,, ,,
	1415 + 660 ,, ,,

From August, 1923, 863 certificates have been issued for Government grants, 467 have been completed, the Grant in these amounts to £51,900. There are in addition to the above 183 houses in course of erection.

During the year, 122 applications for assistance in obtaining a Corporation house were made to the Public Health Department. After due enquiry by the Officials as to the amount of overcrowding, the character and conduct of the applicant, and the ability to pay the rent, a letter in support of the application was sent to the Housing Committee. Of these, 48 applicants representing 255 persons have been housed in Corporation houses. 12 of the tenants were already tenants of houses, 2 were tenants of caravans, and 34 applicants were in lodgings.

The following tabular statement will show the number of rooms available for those in lodgings and caravans, and number of persons in families of the applicants.

No. of rooms available.		No. of persons in families.						
		3	4	5	6	7	8	9
1	No. of families ...	5	5	4	2			
2	,, ,,	2	6	5	4	2		
3	,, ,,	–	–	–	–	–	–	1

In the case of those classified as lodging in one room, the applicant definitely stated that their accommodation consisted of a combined room for living and sleeping. In the case of two rooms the second room consisted of part use of the kitchen for living purposes.

The number of unsatisfied applicants for new houses on January 1st, 1926, was over 2,000.

Notwithstanding the immense effort made by the Corporation and by private enterprise to supply the deficiency in houses, there is still a very great need. Under the circumstances it has not been possible to consider proceeding with any schemes for the compulsory closing and demolition of insanitary dwellings.

HOUSING SCHEDULE.

Number of new houses erected during the year :—

(a) Total	557
(b) As part of a municipal housing scheme	190

1.—Inspection.

Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	5063
Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	199*
Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation...	—
Number of dwelling-houses (exclusive of those referred to in the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	4864

* Included in 5,063 above.

2.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	4087

3.—Action under Statutory Powers.

(a). Proceedings under section 28 of the Housing, Town Planning, &c., Act, 1919.

Number of dwelling-houses in respect of which notices were served requiring repairs	...
Number of dwelling-houses which were rendered fit—	
(a) by Owners	...
(b) by Local Authority in default of owners	...
Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners intention to close	Nil.

(b). Proceedings under Public Health Acts.

Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	132
Number of dwelling-houses in which defects were remedied—	
(a) by Owners	130
(b) by Local Authority in default of owners	...

(c). Proceedings under sections 17 and 18 of the Housing, Town Planning, &c., Act, 1909.

Number of representations made with a view to the making of Closing Orders	...
Number of dwelling-houses in respect of which Closing Orders were made	...
Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	...
Number of dwelling-houses in respect of which Demolition Orders were made	...
Number of dwelling-houses demolished in pursuance of Demolition Orders	...
Number of dwelling-houses voluntarily demolished	2

COUNTY BOROUGH OF PRESTON.

THE SCHOOL MEDICAL SERVICE

ANNUAL REPORT

For the Year ending 31st December, 1925.

The Medical Service Sub-Committee of the Education Committee,

THE CHAIRMAN OF THE EDUCATION COMMITTEE (Mr. Councillor Snelham).

THE VICE-CHAIRMAN OF THE EDUCATION COMMITTEE (Mr. Councillor Firth).

THE CHAIRMAN OF THE HIGHER EDUCATION SUB-COMMITTEE
(The Rev. Canon Morris).

THE VICE-CHAIRMAN OF THE HIGHER EDUCATION SUB-COMMITTEE
MR. COUNCILLOR COLLINSON, M.D., F.R.C.S.

THE CHAIRMAN OF THE ELEMENTARY EDUCATION SUB-COMMITTEE
(Mr. Councillor Adkins).

THE VICE-CHAIRMAN OF THE ELEMENTARY EDUCATION SUB-COMMITTEE
Mr. Councillor Ley.

MR. COUNCILLOR DURHAM.
MR. COUNCILLOR HERBERT.
MRS. COUNCILLOR M. PIMBLETT.
THE VERY REV. MGR. PYKE.
JAMES YATES, ESQ.
MISS McCOURTY.
MRS. MEGAHY.
MRS. HINDMARSH.
THE REV. FATHER GRAFTON.

H. HOWARTH, ESQ. (Resigned 22nd December, 1925).
T. F. WILSON, ESQ. (Appointed 22nd December, 1925).

Officers :

I.—

Superintendent School Medical Officer : F. A. SHARPE, M.D., B.S., D.P.H.

Assistant School Medical Officers : ELIZABETH ROSE, M.B., Ch.B., F. C. S. BRADBURY, M.B., B.Ch., B.A.O.

Dental Surgeons : E. HUTSON, L.D.S., R.C.S., Eng., T. H. WIGNALL, L.D.S., R.C.S., Eng.

School Nurses : MARGARET E. MARSDEN, AMY BUTTERFIELD, MAY SINGLETON, GERTRUDE WHALLEY, MARY E. BOOTH.

Dental Nurse : ANNIE L. WHITEHEAD.

Clerical Staff :

T. GRAY. C. POMFRET.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report upon the work of the School Medical Service during the year 1925.

It has been a year of marked progress. Your Committee, by the appointment of an additional Medical Officer, Dental Surgeon, and School Nurse has enabled the Service to carry out its statutory duties in a more satisfactory manner. A complete ascertainment of Mental Defectives has been carried through, and satisfactory arrangements for continued supervision made. An ascertainment and classification of all Physically Defective children is now in progress, proposals for dealing with which will be placed before you in due course.

A new Inspection Clinic and Minor Ailments Treatment Centre has been opened in Barlow Street, which has considerably relieved the pressure upon the staff and premises at the Central Clinic in the Miller Arcade.

The opening of a Day School for Mentally Defective Children at Moor Park on open air lines will enable your Committee to give these children an education and training which will go far to neutralise the heavy handicap under which they suffer. The re-arrangement of the premises, the provision of modern bathing facilities, and the formation of workshops for the manual training of these children is a move forward of the highest importance, and our thanks are due to the Director of Education for the able and enthusiastic manner in which these improvements were designed and carried out.

The additional Dental Surgeon has enabled the committee to provide for the examination and treatment of all new entrants, and thereafter annually during their school life.

Finally, Medical Inspection of Secondary Schools, hitherto carried out at the Council Schools, the Park School and the Grammar School has now been extended to include the Roman Catholic Secondary School for Boys, and the Winckley Square Convent School for Girls.

I have to thank the Assistant School Medical Officers, the Dental Surgeons, the Nurses and the staff for their loyal and painstaking work.

I am,
Your obedient Servant,
F. A. SHARPE,
Medical Officer of Health and School Medical Officer

Public Health Department,
Tithebarn Street,
Preston,

2.—CO-ORDINATION.

As in 1924, the information concerning the former health and home conditions of children reaching school age was obtained from the records of the Health Visitors. These records are affixed to the School Medical Inspection cards, thus making it possible to see at a glance the health history of the children from birth up to their final School Inspection at the age of 12.

3.—SCHOOL HYGIENE.

Except in the newer schools there is great need of improvement in many of the school buildings. Until money becomes more plentiful however, new schemes cannot be carried out to any extent.

The number of schools, their accommodation and average attendance for the year are as follows :—

	Number of Schools.	Recognised Accommodation.	Average attendance for year ended 31st March, 1925.
Church of England	19	13311	6619
Roman Catholic	9	9322	5704
Nonconformist	7	2933	2141
Council	4	2060	1680
Total	39	27626	16144

The average attendance is 289 less than that of 1924, which was 89 less than that of 1923.

During the year decorations and repairs have been carried out at the following schools :—

Talbot R.C., St. Joseph's R.C. Boys' and Infants,' St. Matthew's C.E., New Hall Lane, St. Matthew's C.E. Branch, St. Luke's C.E., St. Augustine's Girls' and Infants,' St. Mary's National, St. Andrew's New, Christ Church, Bow Lane, English Martyr's Elem., English Martyrs,' Kenmure Place, Parish, Hincksman Memorial, St. Saviour's C.E., St. Ignatius R.C. Girls' and Infants,' St. Peter's All Saints' C.E., Eldon Street Council, Glover's Court D.S.C., Marsh Lane D.S.C., Maitland Street D.S.C.

4.—MEDICAL INSPECTION.

There was no change in the age groups taken for Routine Inspections, there being (1) children 5-6 years of age numbering 2,157; (2) children 8-9 years of age, numbering 1,404; and children 12-13 years of age of whom there were 2,070; the total for the three groups being 5,631. In 1926, the Intermediate group will be examined at 7 years of age, and amongst the Entrants will be included children under 5.

Below are the numbers in each group compared with those examined in 1924 :—

1924.		1925.	
Entrants	1566	Entrants	2157
Intermediates	1676	Intermediates	1404
Leavers	1881	Leavers	2070
Total	5123	Total	5631

5.—FINDINGS OF MEDICAL INSPECTION.

(a) UNCLEANLINESS.

The lack of houses and the consequent overcrowding still make it a difficult task to keep the children as clean as one would wish. Almost all of the visits paid by the nurses on account of uncleanliness referred to unsatisfactory head conditions, the children being otherwise remarkably clean.

Numbers of home visits paid by the nurses on account of uncleanliness :—

1925.	1924.	1923.	1922.	1921.
2539	2972	2938	2691	2622

There were 19,537 children examined by the nurses during their school visits. Of these, 2,898 were considered to require attention for uncleanliness.

1925.

No. examined—19,537. No. requiring attention—2,898 = 14.83%

1924.

No. examined—21,308. No. requiring attention—3,126 = 14.67%

(b) MINOR AILMENTS.

As in former years few minor ailments were observed at the Routine Medical Inspections. The majority of such cases attend the Treatment Centres as they arise and at the instance of the Head Teachers or Parents.

(c) TONSILS AND ADENOIDS.

Cases of Enlarged Tonsils and Adenoids referred for treatment numbered 453 as compared with 297 in the previous year; 345 of these were referred for treatment, the remainder for observation. The increased number is due to the large increase in the number of Entrants examined. The nett Births in 1919 numbered 2,086, and in 1920, 2,984.

No. in—

1925.	1924.	1923.	1922.	1921.	1920.	1919.
453	297	279	208	148	290	323

(d) TUBERCULOSIS.

During Routine Inspection 7 children suspected of Tuberculosis were sent on to the Tuberculosis Dispensary. The smallness of the number is accounted for by the fact that so many children who are ailing are now brought by their parents to the Inspection Clinics, and from these are transferred to the care of the Tuberculosis Officer, if thought advisable.

Classification of cases referred to the Tuberculosis Officer :—

	Boys.	Girls.	Total.
Bronchitis	1	1	2
No definite sign of Tuberculosis ...	—	5	5

(e) SKIN DISEASE.

As children suffering from any skin disease which is thought to be contagious are very soon excluded from school, few cases are observed during Routine Inspection. The usual types of skin trouble referred for treatment are Impetigo, Psoriasis or Scabies; the number for the year being 31.

(f) EXTERNAL EYE DISEASE.

There were 22 cases of External Eye Disease noted during Routine Inspection, compared with 20 in the previous year. Most of such cases find their way to the Cinics, thus the number referred for treatment is small and varies little from year to year.

1925.	1924.	1923.	1922.	1921.
22	20	17	17	25

(g) VISION.

The percentage of children found to require treatment for Defective Vision is slightly higher than that in 1924, being 14.9, as against 14.2. The actual number for the year is 638 compared with 651 in 1924.

Numbers for the last seven years :—

1925.	1924.	1923.	1922.	1921.	1920.	1919.
638	651	581	553	614	627	615

The following gives the distribution of the numbers in the two groups :—

Age.		No. examined.	No. referred for treatment.	Percentage referred.
8-9 years.	Boys	689	118	17.1
	Girls	715	118	16.5
12-13 years.	Boys	1037	125	12.0
	Girls	1033	157	15.2

(h) EAR DISEASE AND HEARING.

There were 45 children found during Routine Inspection to be suffering from Ear Disease, and 11 were found suffering from Deafness. These figures appear small for the number of children examined, but this is accounted for by the number of children sent to the Clinics for treatment or advice.

The figures for the past years are as follows :—

1925.	1924.	1923.	1922.	1921.	1920	1919.
56	56	41	46	34	66	50

(i) DENTAL.

The number of children submitted for inspection is 247 more than in the previous year. Our new scheme includes the examination of children aged 6 and 7 years. Each child in these groups will be re-examined annually during school life; as the younger children attain the age of 6 they will be included in the scheme, and will also be re-examined annually, so that in eight years time every child will be under annual supervision by the Dental Surgeons. In those instances where the parents refuse to allow the necessary treatment, attempts are made to reverse the decision by means of personal interviews by the Nurse in the homes of the children, visits being made by her during the year for this purpose.

The Nurse's report shows that not only are many parents still impenetrable to argument or persuasion, but in many families the personal opinion of the child controls the situation. The teachers are most helpful in persuading the parents to have the necessary treatment carried out.

Each year will require more time to be devoted to Routine Inspection and Treatment owing to the increase in the number of groups, this will be practicable because as time goes on, less time will be needed for conservative work for individual children. It is confidently expected that this projected Annual Inspection will materially reduce the number of " Casuals " who now form almost two-thirds of the total number treated.

In some cases the parents say they prefer to take their child to their own dentist, and in the majority of cases (those where the parents can afford to pay for the necessary treatment) the children are actually treated. There are however, exceptions; some of the parents say they will take their child to their own dentist, but it is frequently found to be an excuse to avoid attending the Clinic.

Each child receiving conservative treatment is required to attend the Clinic at least twice, in the majority of cases; on the second visit it is apparent that the teeth have not been cleaned since the previous visit. The children are always questioned as to why they have not cleaned their teeth; the usual reply is, "I have no tooth brush." The non-possession of this important aid to dental health is either due to the parent's ignorance, indifference or to the lack of means to purchase one.

To reduce oral disease, tooth brushes should be used daily. It is therefore suggested that tooth brushes be procured at a cheap wholesale rate and supplied to the children by the teachers or by the Clinic at cost price.

A general anaesthetic (gas) for the purpose of permanent tooth extracting has been used since Mr. Wignall joined the staff, thus saving much time and alleviating pain. This adds much prestige to the Clinic, and is appreciated by the parents and children.

(j) CRIPPLING DEFECTS.

The statistics relating to Crippled Children which were furnished in the report for 1923 are at present under review. A circular has been sent to all the schools in the district, as well as to the local Medical Practitioners and others who might be able to furnish information, with a view to the more complete ascertainment of all the children in this area who might possibly benefit by Orthopædic Treatment. Until this survey is completed, it is not possible to give any details as to proposed lines of development as regards remedial measures, but it is hoped to press forward the matter with all possible speed. A special record card has been drawn up for the purpose of this ascertainment, and when the list of Defective Children is completed, it is proposed to visit them at school or at home, and to obtain the fullest possible information regarding each of the children.

The record card will form a complete tabulated statement of the child's disability, treatment and educational requirements.

6.—INFECTIOUS DISEASE.

Under the system in operation in the Borough it is the duty of the Head Teacher to report the occurrence of and the suspected occurrence of Infectious Diseases among the scholars to the Medical Officer of Health. The cases are visited by the staff of the Medical Officer of Health and the results of these visits transmitted through the Director to the Head Teacher. Information as to the period of necessary exclusion and the actual cause of absence in suspected cases is also given. Daily information collected from the records of the Sanitary Inspectors, Health Visitors, Tuberculosis Nurses and School Nurses is prepared and collated with the information in possession of the School Attendance Officers. The following table shows how the different schools were affected. Whooping Cough was present in epidemic form. There was a diminution in the amount of Measles, Chicken Pox and Mumps.

School closure was resorted to in one instance, viz., Grimshaw Street School from November 30th to December 18th.

TABLE A.

Cases of Infectious Disease Reported by Head Teachers.

SCHOOL.	Scarlet Fever	Measles	Whooping Cough.	Diphtheria.	Chicken Pox.	Mumps.	Ringw'rm Eczema, Sore Eyes Heads, &c.	Influenza.
Parish Church	...	5	...	...	...	...	...	..
St. James'	...	...	...	...	...	...	...	...
St. Augustine's	...	3	2	...	1	...	10	...
St. Saviour's	...	3	...	...	1	...	6	...
Grimshaw Street	1	2	2	...	28	...	1	...
St. Stephen's	1	37	2	1	2	...	5	26
Christ Church	...	9	...	...	...	...	...	...
Hincksman Memorial	...	1	4	...	...	...	...	...
St. Mary's R.C.	1	4	5	1	4	12	1	...
St. Wilfrid's	...	13	...	...	1	...	...	...
St. Michael's	...	6	...	...	3	1	...	...
Sacred Heart	...	2	9	...	8	...	1	...
Ashton Wesleyan	1	19	23	1	...	1	...	...
St. Andrew's	1	36	18	...	1	...	7	5
Roebuck Street Council	1	31	28	...	5	3	8	8
St. Walburge's	...	20	18	...	...	10	...	...
St. Mark's	...	12	10	...	17	...	...	...
St. Peter's	1	9	8	...	1	10	1	...
Emmanuel	...	5	...	...	...	...	...	...
St. Cuthbert's	...	1	7	...	...	...	...	...
Eldon Street Council	1	3	1	...	...	...	...	...
Moor Park Wesleyan	...	7	1	...	8	...	3	...
English Martyrs' Elementary	...	6	16	...	19	18	1	1
St. Jude's	2	43	6	...	27	6	8	...
Deepdale Council	4	10	12	...	1	2	...	2
St. Paul's	1	3	7	...	...	1	1	...
St. Ignatius' Elementary	...	13	22	...	7	...	...	1
All Saints'	...	9	7	...	34	...	3	...
Holy Trinity	...	13	11	...	5	...	2	...
Orchard U.M.F C.	...	8	9	...	...	3	...	...
St. Luke's	...	3	1	...	1	...	...	...
St. Joseph's	...	6	12	...	...	...	...	...
St. Matthew's	...	1	6	2	3	...	...	...
St. Matthew's Branch	...	2	15	...	...	...	1	...
Ribbleton Avenue	1	56	20	...	8	3	1	...
St. Mary's National	...	19	...	...	2	...	...	...
St. Mary's Street Wesleyan	...	11	8	...	5	...	3	...
St. Thomas's	...	...	...	...	15	...	...	...
Open Air School	...	2	...	...	...	...	...	...
	15	441	290	5	234	70	63	43
SECONDARY SCHOOLS.								
Park Secondary School	...	8	2	...	...	...	...	...
Catholic Convent	...	...	...	...	...	...	...	...
Catholic College	...	...	...	...	...	...	...	...
Preston Grammar School	1	...	...	1	2	1	...	...

7.—FOLLOWING UP.

The effectiveness of the work of Medical Inspection of school children naturally depends to a very large extent upon the response of the parents to the recommendations of the School Medical Officers regarding the defects found.

Happily it appears to be the case that the notifications sent to the parents concerning these defects are no longer looked upon as complaints, but rather as reminders that some attention is required. This attitude on the part of the parents is a very welcome sign of their approval of the system of School Medical supervision. There still remains however, a considerable number of parents who either from negligence or ignorance or mere carelessness, fail to have the necessary attention given to the treatment of the defects brought to their notice. The School Nurses do very useful work in visiting these parents and pressing the urgency of the treatment recommended. In not a few cases it has been found that refusal to have any treatment carried out has been overcome by arranging for the parent to interview the Medical Officer at the School Clinic—especially if the defect is one that can be readily demonstrated to the parent, such as Defective Vision. Besides the group of parents who do not attend to their children's defects from an attitude of passive neglect, there is a considerable group of parents who show an active refusal to have the recommendations of the School Medical Officer carried out—or in a few cases even investigated. It is only just that a parent should have the right to decide what is good or what is not good for his child, and we are always ready to meet such objections by a full and frank discussion of the problems involved.

The School Medical Service exists to help the parent, and not to over-rule him in the management of his children's health. At the same time, where it is found that the parent's attitude of refusal is not supported by any reasonable grounds for his refusal, it is necessary to fall back on some means of coercion. We have found it sufficient in such cases to put the matter into the hands of the N.S.P.C.C.

The number of cases so dealt with during the year 1925 was 17.

No. of visits during the last five years—

1925.	1924.	1923.	1922.	1921.
3265	3714	3649	3667	3564

8.—MEDICAL TREATMENT.

The provision of Medical Treatment for our school children is limited to the following classes :—

(a) The treatment of minor ailments. This is carried out at the School Clinics under the direction of the School Medical Officer. There are now two Clinics in operation in different parts of the town.

(b) The treatment of Defective Vision and Diseased Tonsils and Adenoids. This is carried out at the Preston Royal Infirmary. In the case of Tonsils and Adenoids, the arrangements made with the Infirmary include in-patient treatment at the time of operations.

(c) Advice as to consulting the Tuberculosis Officer when this appears necessary, and the making of the necessary arrangements for these consultations.

(d) Advice as to consulting a general Practitioner.

(e) Advice and notes of recommendation as to treatment at the Infirmary.

(f) Advice as to school attendance.

(g) Advice as to general broad principles of health and hygiene which may seem necessary in particular cases.

The School Clinic is thus a sort of clearing house for ailing children, as well as being an administrative office. Its function is not by any means to supplant the private practitioner in the actual carrying out of treatment, but rather to save the parents unnecessary trouble and expense by directing them into proper channels as early as possible.

A Summary of the work of the Inspection Clinic is given in the following Table :—

INSPECTION CLINIC.

Particulars regarding attendances during 1925 :—

Defect.	On Books 1st Jan., 1925.	New Cases.	Discharged	Left on the Books 31st Dec., 1925.
Malnutrition or Debility ...	34	86	94	26
Uncleanliness, Head ...	2	13	13	2
,, Body ...	—	—	—	—
Skin Diseases ...	7	289	279	17
Eye ...	22	364	363	23
Ear ...	14	244	236	22
Nose and Throat ...	16	169	168	17
Enlarged Glands ...	2	141	141	2
Defective Speech ...	—	2	2	—
Teeth ...	—	22	22	—
Heart and Circulation ...	21	85	80	26
Lungs ...	24	109	100	33
Tuberculosis, Pulmonary ...	32	33	58	7
,, Non-Pulmonary	13	15	21	7
Nervous System ...	6	33	29	10
Deformities ...	7	11	11	7
Other Defects ...	15	1191	1161	45
Total ...	215	2807	2778	244

Total attendances for the last four years—

1925.	1924.	1923.	1922.
6023	4920	4450	3453

(a) MINOR AILMENTS.

The utility of the Minor Ailments Treatment Centres is shewn by the continued increase in the number of children attending them during the last four years. The actual figures are given in the following table. An important reason which contributes to the success of these Clinics is the fact that the children are dealt with expeditiously, and are not kept waiting any considerable length of time. The different schools have regular times for sending their children to the Clinics for treatment, and this arrangement makes it possible to carry on the very considerable work of the Clinics without undue crowding or unnecessary detention.

MINOR AILMENTS TREATMENT CENTRE.

Defect.	Remaining on Books Dec. 31st 1924.	New Cases	Discharged.	Remaining on the Books Dec. 31st 1925
Ringworm, Head and Body	12	98	106	4
Scabies	1	7	8	—
Impetigo	19	431	437	13
Other Skin Diseases	2	25	24	3
Minor Ear Defect	47	194	227	14
Minor Eye Defect	17	207	149	75
Miscellaneous	85	1691	1697	79
Total	183	2653	2648	188

	Total Attendances.	New Cases.
1925	33,488	2,653
1924	32,233	2,632
1923	31,625	2,092
1922	30,964	2,175
1921	35,640	2,797

Visits of Nurses to Children found Defective.

	1922.	1923.	1924.	1925.
Home visits, following up	3667	3649	3714	3265
Home visits re Cleanliness of Head	2691	2938	2972	2539
Children Inspected re Cleanliness of Head	21806	22563	21308	19537
School visits	416	363	315	112

The decrease in the number of visits paid by the nurses is occasioned by the demands made upon a small staff by the opening of an additional Centre.

The necessity for increasing the work done in the homes of the children is apparent.

(b) TONSILS AND ADENOIDS.

The figures relating to the findings under this heading are shewn in the two following tables :—

TABLE i.

Cases of Tonsils and Adenoids requiring Treament.

1925.		1924.	
Found in 1925 requiring treatment	453	Found in 1924 requiring treatment	297
Remaining from 1924 requiring treatment	114	Remaining from 1923 requiring treatment	198
	567		495

TABLE ii.

Details of Treatment for Tonsils and Adenoids.

	1925.		1924.	
Operative treatment.				
(a) At the Preston Royal Infirmary	276		284	
(b) By private arrangement	16		19	
		292		303
Non-operative treatment.				
(a) At the Preston Royal Infirmary	26		5	
(b) By private arrangement	99		62	
		125		67
Total number treated		417		370
Remaining untreated		150		125

Table i shows the number of children found to be suffering from Enlarged Tonsils and Adenoids in 1925, together with those remaining untreated in 1924. Corresponding figures for the year 1924 are given for comparison.

It will be noted that many more cases of Tonsils and Adenoids were found in 1925 than in 1924. The reason for this has been mentioned. Table ii shows the number of children who received treatment for Tonsils and Adenoids in 1925, with the corresponding figures for 1924 quoted for comparison. Of the 417 children who received treatment in 1925, 292 or 70 per cent. received operative treatment.

In 1924, the percentage of cases operated on was 82. 575 Children required treatment for Tonsils and Adenoids in 1925, and of these 417 or 72½ per cent. received treatment. The remainder are to be dealt with in the subsequent year. In 1924, the percentage of the children needing treatment who actually received it was 74½ per cent.

Considering the comparative costliness for this defect, these figures would seem to be very satisfactory. In our experience, disease of the Tonsils and Adenoids is a defect which the parents readily consent to have remedied.

(c) TUBERCULOSIS.

The details of the Authority's arrangements for the accommodation of Tuberculosis patients at suitable institutions were given in the last Annual Report, and need not be repeated here as they remain unaltered. In all, there were 36 children definitely suffering from active Tuberculosis, including Pulmonary Glandular and Osseous. They are all under the care of the Tuberculosis Officer.

(d) SKIN DISEASE.

Impetigo continues to be only too common, the number of cases exceeding that of all other Skin Diseases combined. It fortunately offers no great difficulty in treatment, and the cases are dealt with at the treatment Clinics.

Ringworm comes next in order of prevalence, and in most cases this also is treated successfully at the School Clinics. Other skin diseases occur only very infrequently, including Scabies, Acne and various forms of Eczema.

The attendance of Scabies patients at the Clinics is not encouraged, such cases usually being referred to a private practitioner for home treatment. The number is small compared with the immediate post-war demobilization period, when a heavy infestation was introduced.

(e) EXTERNAL EYE DISEASE.

Blepharitis, Styes, Conjunctivitis and Keratitis comprise the principal diseases in this group, and except for the last named they are treated at the Clinics.

(f) VISION.

The question of Defective Vision in school children is associated with peculiar difficulties. In the first place, the ascertainment of the defect is not by any means so simple as might appear to be the case. If the reading of the distant test types is taken as the criterion, then many children will be classified as having defective vision in whom there is no refractive error requiring correction by glasses, and this apart from such obvious or readily discoverable causes as corneal opacity and cataract. The children might be divided into at least six classes according to their response to this test; (1) Those who read 6/6 or 6/9 with each eye and have no refractive error. (2) Those who read 6/6 or 6/9 with each eye and have a moderate amount of Hypermetropia with or without Astigmatism. (3) Those who read 6/12 or less with each eye and have some defect requiring correction by glasses. (4) Those who read 6/12 or less with each eye and have no defect requiring correction by glasses, e.g., with spasm of accommodation. (5) Those who read 6/9 or better with one eye, and 6/12 or worse with the other while still retaining binocular vision. (6) Those who read 6/9 or better with one eye, and 6/12 or worse with the other eye, and who squint.

A child cannot necessarily be classified into any one of these groups merely by its reading of the distant test types, e.g., it may be difficult or impossible to distinguish between groups (1) and (2) and groups (3) and (4). This appears to be a weak spot in the present system of Routine Sight Testing in schools, and although no better method has suggested itself up to the present, it is hoped to devote special attention to this matter with a view to removing some of the difficulties.

In the second place, granted that the need for correcting glasses has been determined, the problem of obtaining the glasses and maintaining them in repair is frequently a very real difficulty on account of the expense involved.

In this connection, something might be done to facilitate the securing of glasses if children whose glasses require new lenses would bring the old lenses to the Clinic for use again in suitable cases. These would be classified and stored away for use in necessitous cases. As it is, they are returned to the Optician, who has no use for them, and to whom they are of no value. This work would have to be supervised by a person with the necessary knowledge of the optical details involved.

The present system of having the refractive errors investigated and treated at the Infirmary is not conducive to the proper following up of the cases, as the necessary close co-ordination between the Infirmary and the School Medical Service is difficult to attain. It is thought that a better system may be evolved before long.

(g) EAR DISEASE AND HEARING.

One is able to report progress in the matter of the treatment of Otorrhoea, namely by the introduction of Ionisation or Electrical Treatment. This is not to say that this method is a definite advance on all others, for it is still on trial. But it has the merits of cheapness and rapidity, so that its adoption may reasonably be counted a progressive step. It has the drawback of requiring the services of a skilled operator, especially when the current is taken from the town mains, as the danger of accidentally administering an overdose of current to a child is too serious to warrant any but the most extreme precautions being taken. The number of cases dealt with so far is much too small to allow of any conclusions being drawn as to the effectiveness of the method, but it is hoped to include a further statement on this subject in the next report.

(h) DENTAL DEFECTS.

The large amount of work done by the Dental Department can be best seen by a glance at the tabular report. 140 more children attended the Dental Clinic than in 1924, and 524 more attendances were recorded. There were 15 less extractions, 1,041 more stoppings, 427 more dressings and nine more scalings than in the previous year.

ANNUAL REPORT OF THE DENTAL SURGEONS.

For the Period January 1st to December 31st, 1925.

SCHOOLS VISITED	Number of Children Examined at School	No Treatm't Required	Number requiring Treat-ment.	Number accepted Treat-ment.	Number refused Treat-ment.	Own Dentist.	Particulars of Attendances and Work at Dental Clinic.					
							Number attended Clinic	No. of Actual Attend-ances at Clinic	No. of Teeth Extracted	No. of Stoppings	No. of Dressings	No. of Scalings
Emmanuel	...	...	...	...	...	...	15	125	...	162	72	4
Roebuck	134	57	77	61	5	11	56	272	2	400	139	2
Talbot	222	109	113	102	1	10	84	386	2	536	264	9
St. Peter's	99	47	52	34	8	10	31	164	...	263	61	4
Christ Church	160	65	95	65	...	30	51	277	7	405	131	10
St. Stephen's	89	29	60	31	7	22	28	119	2	174	83	10
St. Cuthbert's	31	13	18	5	...	13	5	17	...	24	14	...
St. Jude's	50	20	30	20	...	10	19	69	2	113	25	...
Hincksman	54	29	25	21	1	3	24	66	1	96	38	...
St. Mark's	50	26	24	19	...	5	15	35	4	50	26	...
St. Andrew's	80	19	61	27	2	32	38	86	5	147	74	...
St. Michael's	29	11	18	12	1	5	16	49	...	74	36	...
Deepdale Council	114	66	48	26	2	20	26	104	...	159	76	...
Sacred Heart	35	5	30	15	1	14	17	57	...	76	43	...
Ashton Wesleyan	46	19	27	13	2	12	14	47	...	65	43	...
St. Mary's C.E.	62	32	30	17	4	9	20	59	1	99	51	...
St. Matthew's	110	65	45	26	6	13	19	78	...	116	51	...
St. Luke's	79	24	55	37	5	13	36	115	1	199	115	...
St. Matthew's Branch	22	4	18	8	8	2	...	...	...	...	...	...
Open Air	181	74	107	107	...	...	71	375	17	544	139	4
Routine Group Totals ...	1647	714	933	646	53	234	585	2500	44	3702	1481	43
Casuals Examined at Dental Clinic	1134	1	1133	1133	...	...	1133	1578	962	1237	56	1
TOTALS ... 1925	2781	715	2066	1779	53	234	1718	4078	1006	4939	1537	44
do. ... 1924	2534	637	1897	1649	87	161	1578	3554	1021	3898	1110	35
do. ... 1923	2511	627	1884	1669	54	161	1551	3504	950	3738	1374	59
do. ... 1922	2539	719	1820	1578	86	156	1539	3595	926	3786	1570	35
do. ... 1921	2918	1047	1871	1570	42	259	1493	3760	731	3783	1909	15
do. ... 1920	2597	1066	1531	1365	31	112	1334	3515	433	3047	3159	8
do. ... 1919	1939	870	1069	986	26	34	1052	2442	497	1976	2238	4
do. ... 1918	2657	171	1486	1278	102	54	1287	1976	437	2035	1650	12
do. ... 1917	2354	353	1470	1268	103	72	1116	2044	683	1301	1762	43
do. ... 1916	2689	1428	1340	1234	46	56	1220	2388	771	2084	2480	105

(i) SPEECH DEFECTS.

There is still no special provision for children who suffer from speech defects, as the numbers are too small to warrant any special outlay. The few cases which do exist are taken charge of by their school teachers, who do everything possible for the improvement of the condition.

9.—OPEN AIR EDUCATION.

(a) PLAYGROUND CLASSES.

There are no Playground Classes in this area.

(b) OPEN AIR SCHOOL.

The Open Air School provides appropriate educational facilities for some 200 delicate children. It is purely a day school, with no facilities for residential treatment. It is situated on the northerly side of Moor Park, so that it is very favourably placed as regards its atmospheric surroundings. At the same time it is not at all inaccessible, and is only two or three minutes walk from the tram route.

Children who live at any considerable distance from the school are given free tickets for their tram journeys to and from school. Special cars are not provided for conveying the children to school, as this has not appeared necessary up to the present. The children are well behaved in the tramcars and cause no general inconvenience. On their homeward journeys they are escorted to the trams by a teacher. Only in the case of children who have to take two trams to reach the school, necessitating a change in the centre of the town, are the parents put to any inconvenience in sending the children to the school; but the trouble is well repaid by the benefit to the children's health which almost invariably results from attending the Open Air School.

In its present form, the Open Air School is an adapted V.A.D. Hospital, consisting of several wooden buildings with ample accommodation for School purposes. There is also a brick building in the form of an annexe. Suitable provision is made for Offices, Teacher's rooms, Kitchens, Dining rooms, Medical Inspection and Treatment rooms, Bathrooms and Lavatories. At present a set of 16 needle baths is being installed to replace the Slipper Baths which have so far been in use for bathing the children. It is anticipated that the work of bathing will be so much expedited by the use of the new baths, that every child will be able to have a bath at least once every week.

A School Nurse attends at the School for a portion of each school-day, and assists in the work of the school by following up those children needing a home visit.

The school includes two departments—one for physically defective children, the Open Air School proper, and one for mentally defective children. It is largely a matter of convenience that both are housed in the same premises; at the same time, since the mentally defective children are so often physically defective also, it is certainly for their good to be educated in such surroundings as the Open Air School provides. There is no intercourse or clashing between the two schools, and there should be no question of the presence of the special school stigmatising the children who attend the Open Air School. They have their meals at different times and under different arrangements, and have separate times for entering and leaving school.

The classrooms are widely separated, and for all practical purposes the two schools are entirely separate.

As regards the feeding of the children, those in the Open Air School are required to take their meals in school: Breakfast on arrival at 9-0 a.m., Dinner at 12-15 p.m., and a light afternoon meal at 3 p.m. For this, a charge of 3/- per week is made where the parents can afford it; in other cases the charge is reduced or waived altogether when it is ascertained that the case warrants such action. The taking of their meals at school is insisted upon as part of the educational and hygienic regime for the physically defective children. In the case of the mentally defective, the parents are given the option of having the children fed in school for the charges mentioned, or of having them at home for their meals Those who have their meals at school have them a little earlier than the physically defective children, and in a different part of the dining room.

The menu has been carefully drawn up with a view to giving the children the best possibe food value for the money expended. The average calorie value per day of the present diet sheets is 1,270 calories, the average age of the children being about 10-11 years. The calorie value is not as large as some authorities claim to be necessary, but it is to be remembered that this does not represent the **whole** of the child's daily food, but only that portion which it receives in school. There is nothing to indicate that the food is insufficient in quantity or quality; the great majority of the children gain in weight during the whole time of their attendance at the school, and the parents express themselves as very appreciative of the benefit which the children receive.

After dinner, the children undergo a period of supervised rest, either in the open air or in a large airy room, according to the weather. Stretchers are used for the children to lie upon.

A consideration of the weekly menu at the Open Air School from the standpoint of vitamine content discloses the following facts:—

(1) A supply of fresh milk is served daily as part of the afternoon meal. This is perhaps the most important source of vitamines in the dietary on account of the regular supply and the fact that the natural vitamine content has not been diminished by any cooking process. The amount available for each child is a quarter of a pint daily.

In addition, an almost equal amount is consumed daily in the form of bread and milk or porridge and milk. Including the milk used in cocoa and puddings, the average amount of milk consumed by each child per day is over half a pint.

(2) Fresh fruit appears in the dietary at present only as apples—30lbs. per week—equal to about an apple per child per week. Small as this amount may appear, it is probably of definite use as a source of vitamines. Moreover, it is almost certain that additional quantities of fresh fruit are received by the children in their own homes: they are much more likely to receive an apple or an orange occasionally at home than they are to receive an adequate and wholesome supply of fresh milk. In addition to fresh fruit, dried fruit is supplied in the form of prunes on two days per week.

(3) As regards cooked vegetables, potatoes and onions appear daily in the menu. Carrots and turnips are provided to the extent of about a quarter of a pound per head per week. This source of vitamine supply, while not so potent as some others, is important on account of the comparatively large amounts of these foodstuffs consumed.

(4) Fresh meat is provided on four days per week.

It will be seen that the opportunities of ingesting vitamines are reasonably adequate and varied. No case of disorder due to vitamine deficiency has so far been discovered in the School.

The table hereunder shows the details of the admissions and discharges. It will be seen that the number of children admitted during 1925 was double the number for the previous year. This is accountable for by the extra accommodation now available. The duration of a child's attendance at the Open Air School is influenced by numerous factors—time of the year when admitted, home conditions, disability for which admitted, response to the school environment, and the number and type of cases on the waiting list. It is our object to so use the school as to do the greatest good for the greatest number of children.

With regard to the medical supervision of the children at the school, they are examined immediately before admission, when their turn for filling a vacancy has come round, and if found suitable, they are admitted a few days later on notification from the Education Office. The children are brought up for routine re-examination every few months, and for special examinations as often as may be necessitated by their physical condition. It is seldom found necessary to prescribe any restrictions such as to interfere seriously with the educational routine.

A Minor Ailments Treatment Clinic is carried on daily by the school nurse, under the direction of the School Medical Officer, and arrangements for any further treatment are made exactly as in the case of normal elementary school children. The children are weighed at regular intervals. The greatest credit is due to the teaching staff for their devoted attention to the welfare of the children under their care. They spare no pains to give to every child the individual attention which his or her disability demands, as far as it is practicable short of interfering with the requirements of the other children.

Tabular Statement of Admissions and Discharges.

The number of those who attended during 1924 and 1925 :—

	1925.	1924.
On the Books 1st January	80	83
Admitted	114	57
Discharged	92	68
Remaining on Books 31st December, 1925 ...	102	80
Re-admitted	25	8

Average daily attendance during the year was 111.9, as compared with 72.7 during the last year.

The Age and Sex of those admitted and re-admitted.

Age	6	7	8	9	10	11	12	13	14	Totals
Boys	2	10	6	9	6	12	10	7	...	62
Girls	...	6	4	10	13	15	17	12	...	77
Discharged—										
Boys	...	3	2	1	6	7	7	8	7	41
Girls	...	1	4	4	7	9	7	9	10	51

The average length of stay of those discharged in 1925 was, inclusive of holidays, 1 year, 5 months 11 days. In 1924 this figure was 18 months 13 days.

Discharges in 1925.

Discharged to Public Elementary School as fit	28
Discharged to Public Elementary School on account of irregular attendance	2
Left at school age, fit	18
Left at school age, not considered fit	3
Left at school age, transferred to T.B. Dispensary	2
Suspended for Hospital Treatment	3
Left the District	3
Discharged unfit, transferred to T.B. Dispensary	4
Discharged unfit, transferred to own Doctor	11
Discharged unfit, occupying temporary vacancy	3
Discharged at parent's request	1
Transferred to Special School for Mentally Defectives	12
Died	2
	92

Number of Baths given in 1925.

Special	2020
Ordinary	3977
	5997

Number of children attending Inspection Clinic in 1925	**538**
Number of children attending Treatment Clinic June to December, 1925*	**423**
Total number of attendances at Treatment Clinic from June to December, 1925*	**2182**

*Prior to June, 1925, there was no regular Treatment Clinic carried on at the Open Air School.

10.—PHYSICAL TRAINING.

The condition is the same as during last year, no trained Instructor having being appointed.

11.—PROVISION OF MEALS.

There were during 1925, three Centres engaged in providing free meals to necessitous children, as compared with four Centres in 1924.

The number of free meals, and the number of children attending the Centres, are lower than those of last year, 52,645 as compared with 71,585, and 412 as compared with 478 respectively.

The following tables give particulars regarding each Centre :—

Centre.	Number of Meals supplied.	Number of Children.
Marsh Lane	13453	129
Glover's Court	30069	210
Roebuck Street	9123	73
Total	52645	412

12.—SCHOOL BATHS.

In addition to the Saul Street Baths, there are three Open Air Baths, one in Haslam Park, one in Moor Park, and the third in Waverley Park.

At Saul Street Baths alone, there were 3,249 attendances more than in the previous year, 5,469 attendances being made by boys, and 5,155 by girls.

At the Open Air Baths the attendances were :—

Haslam Park—700 Boys ; 568 Girls.
Moor Park—603 Boys.
Waverley Park—555 Boys.

13.—CO-OPERATION OF PARENTS.

From what has been said in paragraph 7 regarding the attitude of the parents toward the school Clinics, it will be evident that the parents are nowadays much more willing and even anxious to co-operate with the school Medical Service than they used to be. In one respect, however, there is still something to be desired as regards the parents' co-operation, namely their presence at the Routine School Inspections. It is only very occasionally that the parents are present, and while we do not wish to go to the other extreme of hampering our work by the presence of every parent, we feel it would be for the benefit of the Service as a whole if more of the parents would take advantage of the opportunity of being present when their children are being examined by the School Medical Officer.

14.—CO-OPERATION OF TEACHERS.

Thanks are due to the Teachers who in so many ways further the work of the School Medical Service. Not only do they call attention to children suffering from serious defects, such as Defective Eyesight, but by sending children with Minor Ailments to the Treatment Centres are the means of preventing much unnecessary suffering as well as the spread of such diseases as may be contagious.

15.—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The list of the duties of School Attendance Officers is a long one, and at many points their work brings them in contact with that done by the School doctors and nurses. Visiting, as they do, the homes of the children, they are able to give particulars regarding cases requiring free meals or which are in other ways necessitous. By means of their reports also, a knowledge of such children as are out of school on account of Blindness, Deafness or Mental Deficiency, is obtained, thus ensuring that these are examined and appropriately dealt with.

16.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Blind (including partially Blind) attending Certified Schools	Blind Asylum, Liverpool	1 Boy.
	Blind Home, Fulwood.......	3 Boys.
	Do. do.	3 Girls.
Deaf and Dumb attending Certified Schools	Royal Cross School, Preston	2 Boys.
	Do. do.	4 Girls.
	Boston Spa	2 Boys.
	Do.	1 Girl.
Mentally Defectives attending Certified Schools	Pontville	3 Boys.
	Allerton Priory	2 Girls.
	Moor Park Special School...	48 Boys.
	Do. do.	33 Girls.

MENTAL DEFECTIVES.

More than usual interest attaches to this part of the Report on account of the fact that in June there was opened in Moor Park, a branch of the Open Air School as a Special School for children who were mentally defective to the extent of being unable to obtain proper benefit from instruction in an ordinary school, but who were not of too low a grade to benefit by special teaching.

In order to find out those who were truly defective as distinguished from those who were merely dull or backward, teachers were asked to send in reports of all children educationally retarded to the extent of three or more years. These children were then examined individually by the School Medical Officer. The Mental Tests used were those in use by the London County Council and other large Education Authorities, and are known as " The Stanford Revision of the Binet Simon Tests." The ascertainment occupied six months, during which time your Committee afforded the Service additional medical assistance, and was carried out by Dr. Elizabeth Rose, who has had considerable experience in the work. The parents were at the same time interviewed, so that the former health and family history of the children could be enquired into.

In many cases, the mentality of the parents was so low, that little reliance could be placed on their information, whilst in others the natural inclination to hide a history of alcoholism or insanity would no doubt prevent such information being given.

Of the 235 children who were examined during the year, 5 were certified as Idiots, 18 as Imbeciles, 130 as Feeble-minded, and 82 as, although being in about almost every case dull or backward, not considered to be defective within the meaning of the Mental Deficiency Act.

In the lowest group—that of Idiots—there were 4 boys and 1 girl with ages ranging from 8 to 10. No family history of feeble-mindedness was obtained from the parents, but one boy had a brother who was mentally weak but able to attend a school. The girl was blind in addition to being mentally defective, the condition being due to Meningitis. In two cases there was a history of fits.

In the Imbecile group there were 8 girls and 10 boys, one girl being a Cretin, and another belonging to the Mongolian type. Their ages were 7 to 15 years, and although in a few cases it was impossible to give Mental tests, the majority of the older children had a mental age of 5 to 6 years. Two were illegitimate, and in 6 cases the family history shewed Mental Disease, Alcoholism or Epilepsy. Only one child was Epileptic, but three of the others had suffered from fits at one time or another.

In the third group were the Feeble-minded children, 74 of whom were boys and 56 girls. These were all considered suitable for the Special School, except two who were recommended for Institutional care.

The last group was comprised of those who were dull or backward, the numbers being 35 girls and 47 boys.

Owing to the Roman Catholics not wishing to send children to this school, 36 who would otherwise have gone, did not do so.

Of the Non-Catholics, there were about a dozen parents who refused to allow their children to attend, but two of these eventually sent their children to private schools.

It would be hardly fair to consider them all dull, as bad health and irregular attendance had kept many from reaching the educational standard of their age, and 15 such children were recommended for admission to the Open Air School. On the other hand, there were others who were so dull as to be considered borderline cases, there being 29 specially dull children who were recommended for admission to the Special School. Of these, 17 were Non-Catholics, but have not as yet been admitted.

The accompanying table shows the percentage of children in the four groups :—

	Idiots.	Imbeciles.	Feeble-minded.	Dull or Backward.
Number	5	18	130	82
Percentage ...	2·1 %	7·7 %	55·3 %	34·9 %

The following table gives figures concerning points of interest in the family and personal history of the 130 children certified as Feeble-minded.

(a) FAMILY HISTORY.

Epilepsy.	Insanity or Feeble-Mindedness.	Alcoholism	Dullness or Backwardness.
10 = 7·6 %	18 = 13·8 %	21 = 16·2 %	38 = 29·2 %

(b) PERSONAL HISTORY.

Poor Home Conditions.	Meningitis.	Fits.
54 = 41·5 %	4 = 3·0 %	18 = 13·8 %

17.—MOOR PARK OPEN AIR SPECIAL SCHOOL.

The Education Authorities were fortunate in securing Miss Cryer as Head Mistress of the Special School.

She is specially trained, and her work in Blackpool was much appreciated prior to her appointment in Preston. She has under her two lady assistants, whilst a master takes the boys for instruction in woodwork, a classroom for which has been fitted up.

The School is beautifully situated in Moor Park, the rooms being airy, large and well lighted. It was opened on June 8th, and up to December there were 81 admissions. The majority of the children were able to go home for dinner each day, but about 18 had it in school, a small charge being made to those who could afford to pay.

Nurse Booth, who was appointed in August, attended to any minor ailments, and saw to the bathing of the children, a proceeding which most of them thoroughly enjoyed.

Since the School began, eight children have left to go to work, one girl going to a Laundry, one boy to a Biscuit Factory, the others going to Mills. Miss Cryer has kept in touch with the children, and is able to report that up to the end of March, 1926, all of them had been able to continue at work.

There are three classes in the School, the number in each being small compared with that in an ordinary school, so that each child can have individual attention specially suited to its needs, especially in such subjects as will make it possible for it to earn its own living; thus a good deal of time is devoted to handwork.

One of the most important things in connection with children attending this school—and indeed, in connection with all Feeble-minded children—is that they should not be lost sight of after reaching school-leaving age, but kept under supervision, as it is largely from this type of individual that criminals are produced, they being unfortunately, through no fault of their own, unable to inhibit wrong impulses or withstand temptation.

18.—SECONDARY SCHOOLS.

PARK SCHOOL.

The health of the School as a whole was exceedingly good during 1925. There were 517 girls examined as compared with 521 in 1924. Miss Stoneman again undertook the task of "following up," and was most successful in obtaining good results. Miss Warne and Miss Buchanan do much to further the good health of the School by their able teaching of physical culture and games. Thanks are also due to them for the following tabular statement of the medical findings.

Ages	8	9	10	11	12	13	14	15	16	17	18	Total
Malnutrition	...	...	...	...	...	...	...	...	...	...	...	...
Skin Diseases	...	...	...	...	...	...	...	...	...	...	...	...
Eye Diseases	...	...	...	2	11	4	6	1	1	...	...	25
Ear Diseases	...	...	...	4	...	...	...	...	...	...	...	4
Nose and Throat ...	...	...	1	3	...	2	1	...	...	...	...	7
Cervical Glands... ...	...	...	...	...	...	...	...	...	...	...	...	...
Defective Speech ...	...	...	...	...	...	...	...	...	...	...	...	...
Teeth, Dental Diseases .	...	...	20	44	49	34	24	26	12	3	3	215
Heart and Circulation ...	...	...	...	2	4	...	3	...	...	...	...	9
Lungs	...	...	...	...	1	...	...	...	...	...	...	1
Tuberculosis—												
Pulmonary... ...	...	...	...	...	...	...	...	...	...	...	...	...
Non-Pulmonary ...	...	...	...	...	...	...	...	...	...	...	...	...
Nervous System ...	...	...	...	...	...	...	1	...	...	...	...	1
Deformities	...	...	...	...	...	...	...	...	...	...	...	...
Other Defects & Diseases	...	...	1	1	1	6	5	5	1	...	...	20
Total Number Examined	...	...	31	76	111	91	88	68	29	18	5	517

WINCKLEY SQUARE CONVENT SCHOOL.

It is with great pleasure that one includes Winckley Square Convent School amongst the Secondary Schools which now have Medical Inspection.

The Report, kindly prepared by Mother Mary Vianney, is however, not one which gives returns for the whole school, the inspections having been commenced too late in the year for this to be possible. It is rather early yet to speak of the results of the inspections, but so far, the Head Mistress is greatly pleased with the manner in which the parents have responded to advice respecting defects requiring medical attention.

Ages.	8	9	10	11	12	13	14	15	16	17	18	Total
Malnutrition	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Skin Diseases	.....	.....	.....	1	.....	.....	1	.....	.....	.....	.....	2
Eye Diseases	.....	.....	2	12	3	3	2	2	4	3	3	34
Ear Diseases	.....	.....	.....	.....	.....	.....	2	.....	2	1	.....	5
Nose and Throat	.....	.....	.....	.....	.....	1	.....	3	.....	.....	.....	4
Cervical Glands	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Defective Speech	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	1
Teeth, Dental Diseases	.....	.....	1	33	5	8	18	6	18	9	3	101
Heart and Circulation	.....	.....	1	1	.....	.....	.....	.....	.....	.....	1	3
Lungs	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Tuberculosis—												
Pulmonary	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Non-Pulmonary.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Nervous System	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Deformities	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Other Defects and Diseases	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	2
Total No. Examined.....	.....	.....	5	50	7	11	28	15	29	15	6	166

GRAMMAR SCHOOL.

The following table shows the details of the findings of Medical Inspection.

Ages.	7	8	9	10	11	12	13	14	15	16	17	18	Total
Malnutrition	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Skin Diseases	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	2
Eye Diseases	1	.....	1	3	6	5	11	12	8	.....	1	.....	48
Ear Diseases	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Nose and Throat	.....	.....	.....	1	4	5	2	1	1	.....	.....	.....	14
Cervical Glands	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Defective Speech	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Teeth, Dental Diseases	.....	.....	4	6	8	10	6	10	10	.....	1	.....	55
Heart and Circulation	.....	.....	1	.....	1	.....	1	1	.....	1	.....	.....	5
Lungs	.....	.....	.....	.....	.....	1	.....	.....	1	.....	.....	.....	2
Tuberculosis—													
Pulmonary	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Non-Pulmonary	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Nervous System	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Deformities.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Other Defects and Diseases	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	2
Total Number Examined.....	2	4	12	17	76	67	90	84	60	18	9	4	443

It will be noted that of the total of 443 boys examined, 128 or29 per cent. required treatment. This figure is accounted for as follows :—Defective Vision and Teeth, 23 per cent. ; other defects 6 per cent. Generally speaking, there is no difficulty in having the defects remedied. The following up is in the hands of the Head Master.

CATHOLIC COLLEGE.

Medical Inspection of this school commenced only in October, 1925. The following table shows the results of the first three months' work.

Ages.	8	9	10	11	12	13	14	15	16	17	18	Total
Malnutrition	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Skin Diseases	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Eye Diseases	1	.....	1	3	4	1	.....	.....	.....	.....	.....	10
Ear Diseases	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....	2
Nose and Throat	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	1
Cervical Glands	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Defective Speech	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Teeth, Dental Diseases	.....	.....	2	10	7	8	.....	1	.....	.....	.....	28
Heart and Circulation	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Lungs	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Tuberculosis—												
Pulmonary	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Non-Pulmonary	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Nervous System	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Deformities	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Other Defects and Diseases	.....	.....	1	5	4	3	.....	.....	.....	.....	.....	13
Total No. Examined	1	8	13	57	53	32	7	2	.....	.....	.....	173

It may be said that most of the defects notified by the examining Medical Officer receive immediate attention, so that defects noted as occuring in the older groups have arisen during the time which has elapsed since the last annual examination. This is particularly the case with dental defects, and may be illustrated by our experience of the Park School Girls where the percentage of defects steadily decreasing, still shows a high figure in the later years due to the recent development of decay or caries. This experience is contrasted with that at the Winckley Convent Secondary School for girls, where Medical Inspection was carried out for the first time in 1925.

The figures in the case of the Park School relate to recent defects easily remedied, those in Winckley Convent to recent defects and old-established decay requiring extractions.

DENTAL DEFECTS.

Ages ...	10	11	12	13	14	15
	Percentages.					
Park School	64	58	44	37	27	38
Convent	20	66	71	72	64	40

In 1926 it is expected that the percentages will be equal.

19.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

There were 172 children examined for work in 1925, against 181 in 1924. Enquiries were made during examination as to the nature of the work proposed and care taken that footgear and clothing were sufficient.

20.—TREATMENT OF UNCLEANLINESS.

(a). The average number of visits per annum made by the School Nurses to each School	3
(b). The total number of Examinations of Children made by the School Nurses at the Schools during the year	19537
(c). The number of individual children found unclean	2898

TABLE I.—Return of Medical Inspections.

1st January to 31st of December, 1925.

A.—ROUTINE MEDICAL INSPECTIONS.

	Number of Code Group Inspections		Total
	Boys	Girls	
Entrants	1089	1068	2157
Intermediates	689	715	1404
Leavers	1037	1033	2070
No. of other Routine Inspections......	...	...	...
Total..................	2815	2816	5631

B.—OTHER INSPECTIONS.

	Boys	Girls	Total
No. of Special Inspections...	74	49	123
No. of Re-Inspections	859	858	1717
Total............	933	907	1840

TABLE II.—Return of Defects found by Medical Inspection in the year ended 31st December, 1925.

DEFECT OR DISEASE. 1		ROUTINE INSPECTION NO. OF DEFECTS.		SPECIAL INSPECTIONS NO. OF DEFECTS.	
		Requiring Treatment 2	Requiring to be kept under observation but not requiring Treatment 3	Requiring Treatment 4	Requiring to be kept under observation but not requiring Treatment 5
Malnutrition		...	...	2	...
Uncleanliness	Head	...	...	...	...
,,	Body	...	...	...	...
Skin	Ringworm, Scalp	...	...	...	...
	,, Body	...	...	...	...
	Scabies	1	...	...	...
	Impetigo	10	...	...	...
	Other Diseases (non-tubercular)	20	8	...	...
Eye	Blepharitis	14	1	...	...
	Conjunctivitis	6	...	...	...
	Keratitis	...	1	...	...
	Corneal Opacities	...	1	...	...
	Defective Vision	501	77	95	...
	Squint	23	2	8	...
	Other Conditions	10	2	1	...
Ear	Defective Hearing	6	2	5	...
	Otitis Media	39	...	3	...
	Other Ear Diseases	3	1	...	...
Nose and Throat	Enlarged Tonsils	345	164	60	...
	Adenoids	32	1	3	...
	Enlarged Tonsils and Adenoids	6	4	7	...
	Other Conditions	8	1	...	...

Enlarged Cervical Glands (non-tubercular).		44	22	9	...
Defective Speech		...	1	1	...
Teeth :—Dental Diseases		235	3	1	...
Heart and Circulation	Heart Disease :—				
	Organic	4	...	...	...
	Functional	13	20	5	...
	Anaemia	63	5	3	...
Lungs	Bronchitis	101	32	...	...
	Other non-tubercular Diseases	21	11	2	...
Tuberculosis	Pulmonary :—				
	Definite	1	...	...	...
	Suspected	6	10	...	...
	Non-Pulmonary :—				
	Glands	...	...	...	...
	Spine	...	...	...	...
	Hip	...	...	...	...
	Other Bones and Joints..	...	...	...	...
	Skin	...	...	...	...
	Other Forms	...	...	...	...
Nervous System	Epilepsy	...	...	...	...
	Chorea	3	1	...	...
	Other Conditions	...	...	...	...
Deformities	Rickets	1	...	...	...
	Spinal Curvature	...	...	...	...
	Other Forms	8	...	...	...
Other Defects and Diseases		19	8	5	...

TABLE III.—Return of all Exceptional Children in the Area.

			Boys	Girls	TOTAL
BLIND (including partially blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified School or Classes for the Blind	3	3	6
		Attending Public Elementary Schools	...	...	...
		At Other Institutions	...	...	...
		At no School or Institution	2	2	4
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified School or Classes for the Blind	1	1	2
		Attending Public Elementary Schools	2	2	4
		At Other Institutions	...	...	...
		At no School or Institution	...	3	3
DEAF (including Deaf and Dumb and partially deaf).	(i) Suitable for training in a School or Class for the totally deaf and dumb.	Attending Certified School or Classes for the Deaf	4	5	9
		Attending Public Elementary Schools	1	1	2
		At Other Institutions	...	...	...
		At no School or Institution	...	...	...
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified School or Classes for the Deaf	...	...	...
		Attending Public Elementary Schools	1	2	3
		At Other Institutions	...	...	...
		At no School or Institution	...	...	...
MENTALLY DEFECTIVE.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	51	38	89
		Attending Public Elementary Schools	29	24	53
		At Other Institutions	...	...	...
		At no School or Institution	...	...	...
	Notified to the Local Control Authority.	Feebleminded	...	...	...
		Imbeciles	8	8	16
		Idiots	3	1	4
EPILEPTICS.	Suffering from severe Epilepsy.	Attending Certified Special Schools for Epileptics	...	1	1
		In Institutions other than Certified Special Schools	...	...	...
		Attending Public Elementary Schools	1	...	1
		At no School or Institution	3	1	4

EPILEPTICS (cont.).	Suffering from Epilepsy which is not severe.	Attending Public Elementary Schools	13	8	21
		At no School or Institution	...	...	...
PHYSICALLY DEFECTIVE.	Infectious pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	...	...	...
		At Other Institutions	...	...	...
		At no School or Institution	...	...	...
	Non-infectious but active Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	...	...	...
		At Certified Residential Open Air Schools	...	...	...
		At Certified Day Open Air Schools	5	2	7
		At Public Elementary Schools	5	9	14
		At Other Institutions	...	...	...
		At no School or Institution	...	...	...
	Delicate children (e.g., pre or latent tuberculosis, malnutrition, debility, anæmia, etc.).	At Certified Residential Open Air Schools	...	...	...
		At Certified Day Open Air Schools	88	106	194
		At Public Elementary Schools	42	61	103
		At Other Institutions	...	...	...
		At no School or Institution	5	4	9
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	...	...	...
		At Public Elementary Schools	5	7	12
		At Other Institutions	...	...	...
		At no School or Institution	1	2	3
	Crippled Children (other than those with active Tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease).	At Certified Hospital Schools	...	...	...
		At Certified Residential Cripple Schools	...	...	...
		At Certified Day Cripple Schools	...	...	...
		At Public Elementary Schools	36	31	67
		At Other Institutions	1	...	1
		At no School or Institution	3	3	6

B.—Number of individual children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

Group	Number of Children		Percentage of Children found to require Treatment
	Inspected	Found to require Treatment	
(1)	(2)	(3)	(4)
Code Groups :			
Entrants	2157	398	18·5
Intermediates	1404	364	26·0
Leavers	2070	585	28·3
Total (Code Groups)	5631	1347	23·2
Other Routine Inspections...	...	...	...

TABLE IV.—Return of Defects Treated during the year ended 31st December, 1925.

TREATMENT TABLE.

GROUP I.—Minor Ailments (Excluding Uncleanliness, for which see Group V.).

Disease or Defect	Number of Defects treated, or under Treatment during the year.		
	Under the Authority's Scheme	Otherwise	Total
(1)	(2)	(3)	(4)
Skin—			
Ringworm, Scalp and Body	105	5	110
Scabies	8	—	8
Impetigo	446	4	450
Other Skin Disease	15	12	27
Minor Eye Defects— External and other, but excluding cases falling in Group II.	224	17	241
Minor Ear Defects	200	24	224
Miscellaneous, (e.g. Minor Injuries, Bruises, Sores, Chillblains, etc.)	1758	18	1776
Total	2756	80	2836

TABLE IV.—*Contd.*

GROUP II.—Defective Vision and Squint (Excluding Minor Eye Defects Treated as Minor Ailments—Group I.).

Defect or Disease	Number of Defects dealt with			
	Under the Authority's Scheme	Submitted to Refraction by Private Practitioner or at Hospital apart from the Authority's Scheme	Otherwise	Total
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint) ...	746	50	39	835
Other Defect or Disease of the eye (excluding those recorded in Group I.)	...	...	...	...
Total	746	50	39	835

Total number of children for whom spectacles were prescribed

(a)	Under the Authority's Scheme	674
(b)	Otherwise	42

Total number of children who obtained or received spectacles

(a)	Under the Authority's Scheme	431
(b)	Otherwise	46

The number of children who were provided with glasses by the Education Committee was ten.

TABLE IV.—*Contd.*

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment	Total Number Treated
Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or at Hospital, apart from the Authority's Scheme	Total		
(1)	(2)	(3)	(4)	(5)
276	16	292	125	417

TABLE IV.—*Contd.*

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

Routine Age Groups.

Aged :	
5......	—
6......	574
7......	558
8......	13
9......	29
10......	120
11......	203
12......	114
13......	3
14......	5

Total............1647

Specials 1134

Grand total.. 2781

	Routine	Special	Total
(b) Found to require treatment………	933	1133	2066
(c) Actually treated ……………………	585	1133	1718
(d) Re-treated during the year as the result of periodical examination	163	…	163

(2) Half-days devoted to …	Inspection……. 21 Treatment…….433	Total………454
(3) Attendances made by children for treatment ……………………………………		4078
(4) Fillings … … …	Permanent Teeth…4939 Temporary Teeth… —	Total………4939
(5) Extractions … ..	Permanent Teeth… 435 Temporary Teeth… 571	Total………1006
(6) Administrations of general anæsthetics for extractions …………		55
(7) Other operations … ..	Permanent Teeth…1483 Temporary Teeth… 98	Total………1581

TABLE IV.—*Contd.*

GROUP V.—Uncleanliness and Verminous Conditions.

(1) Average number of visits per school made during the year by the School Nurses … … … … …	3
(2) Total number of examinations of children in the schools by School Nurses … … … … … …	19537
(3) Number of individual children found unclean … …	2898
(4) Number of children cleansed under arrangements made by the Local Education Authority … … …	16
(5) Number of cases in which legal proceedings were taken :	
(a) Under the Education Act, 1921 … … …	…
(b) Under School Attendance Bye-laws … …	…